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2024 SCIENTIFIC SYMPOSIUM From Data to Policy

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Characterizing the Telehealth Nursing Workforce in 2022

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2024 SCIENTIFIC SYMPOSIUM

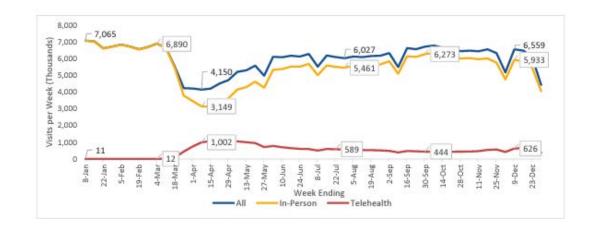
Background

Telehealth

The provision of nursing services, or communication with a patient or client located somewhere different from the provider's location, via phone or electronically.

Telehealth After Lockdown

- Telehealth expanded significantly after the outset of the COVID-19 pandemic as social distancing policies were set in place, and regulations on telehealth were eased.
- Since the acute phases of the pandemic, telehealth usage has waned, but remain above prepandemic levels.



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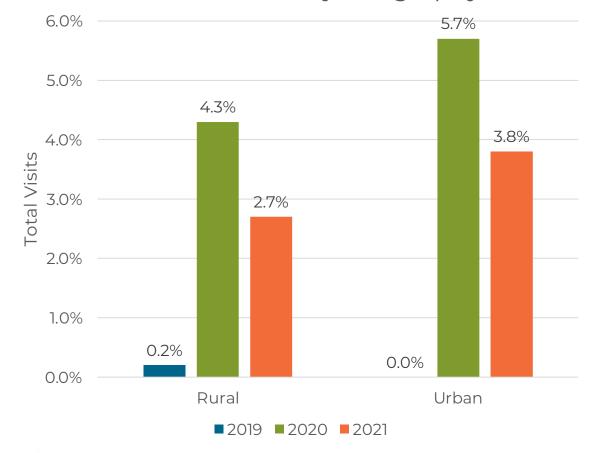
Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location

Lok Wong Samson, Wafa Tarazi, Gina Turrini, Steven Sheingold



Telehealth After Lockdown

- Since the acute phases of the pandemic, telehealth usage has waned, but remain above prepandemic levels
- Telehealth appears to be used differently after COVID-19 lockdowns than it was prior



Telehealth Use by Geography



Medicare Telehealth Trends Dashboard

Welcome to this interactive Medicare Telehealth Trends dashboard, developed by ASPE's Office of Health Policy.

Questions

- Who makes up the telehealth nursing workforce?
- How much does the use of telehealth in nursing differ based on position, setting and specialty?
- How is interstate telehealth practice affected by licensure compacts?



Methods

2022 National Nursing Workforce Survey

Sample of RNs and LPNs selected with the target of 1000 responses of each license type from each state and territory in the US (excluding Puerto Rico)

(Smiley et al. 2023)



Telehealth Questions

- Estimate what percentage of your work time do you provide nursing services in a patient or client in a different location, via phone or electronically
- What percentage of this remote communication is
 - Across state borders
- Select the mode(s) of communication you use to provide nursing services, or communicate with, a remote patient or client.
 - Electronic messaging (text message, instant message)
 - Virtual ICU (tele-ICU, remote ICU, eICU)
 - Telephone
 - Email
 - Video call

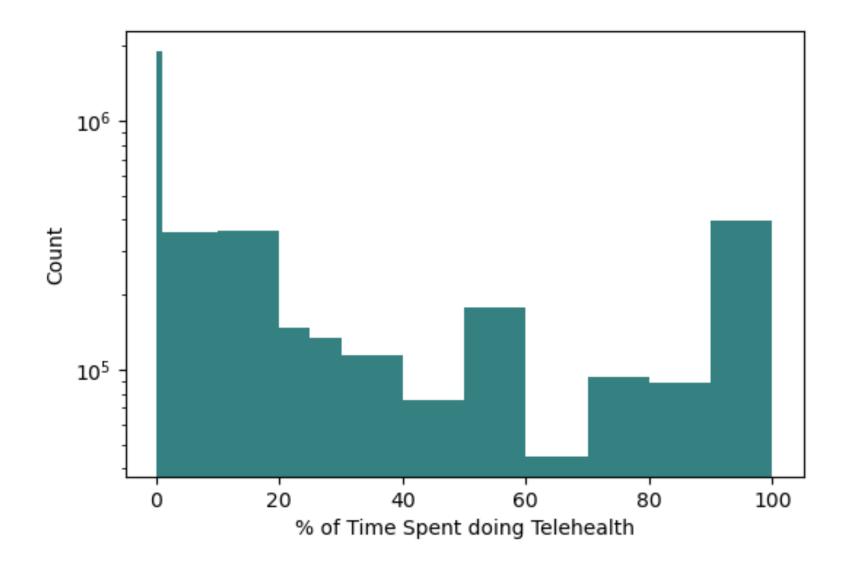


Methods

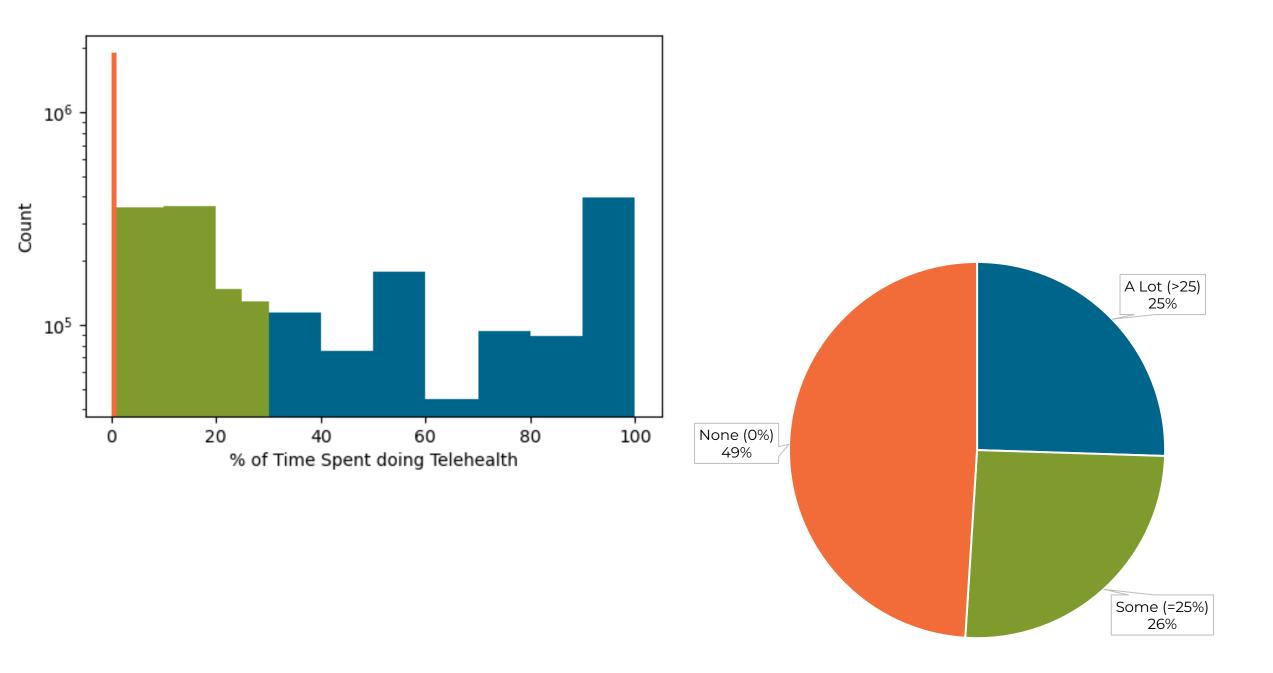
- Respondents were weighted via jurisdiction, age, and gender, based on formal nonresponse bias analysis.
- 22,817 RNs and 18,227 LPN/LVNs answered the telehealth questions, so are considered in this study.

Results

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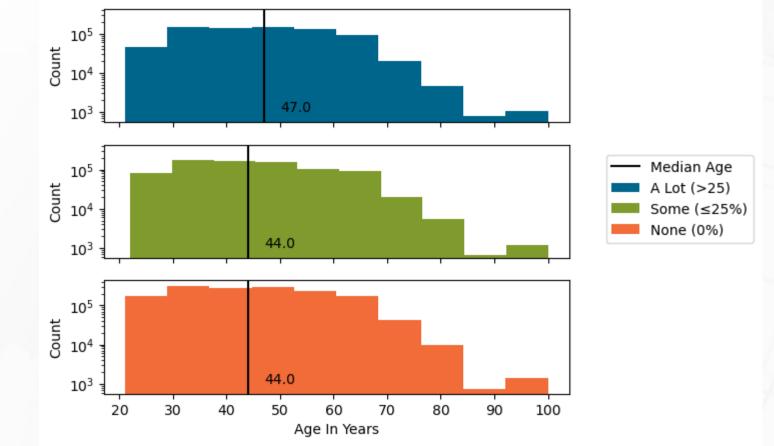
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Telehealth Provider Demographics

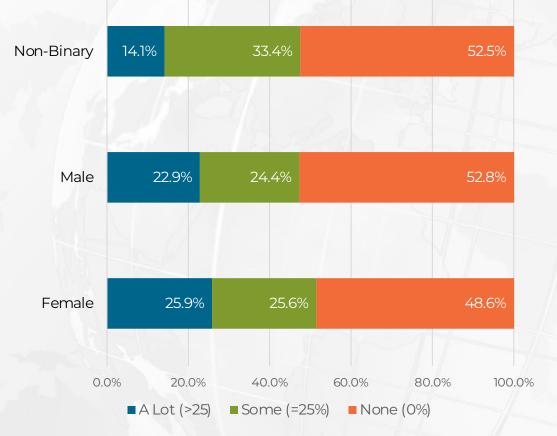
The three telehealth groups generally do not differ on demographic lines:

• Broadly similar ages.



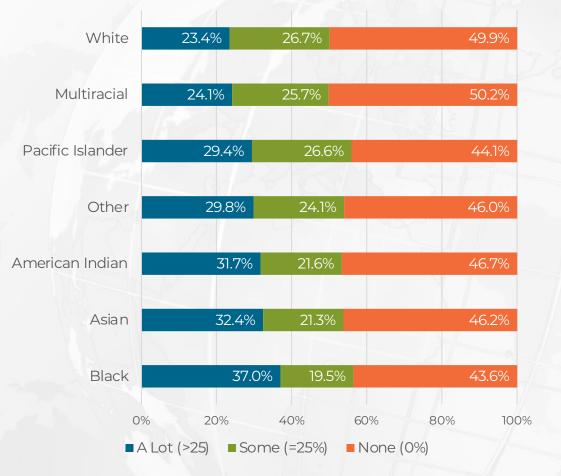
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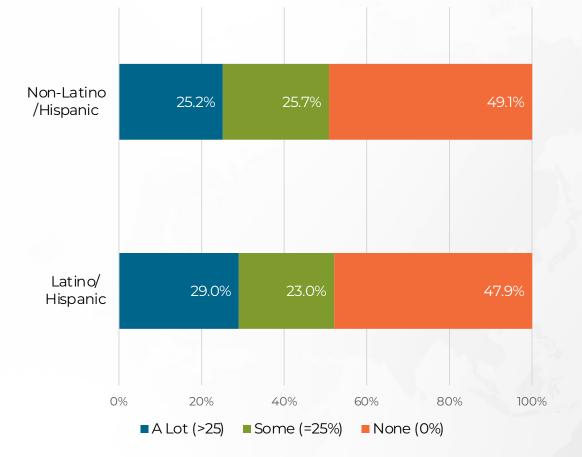
- Broadly similar ages
- Respondents who identify as female tend to do slightly more telehealth.



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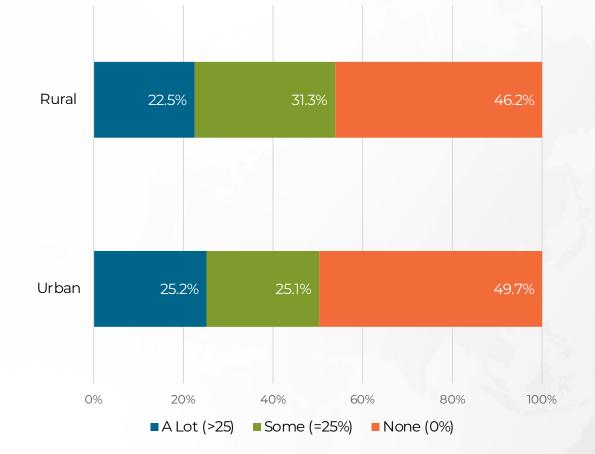
- Broadly similar ages
- Respondents who identify as female tend to do slightly more telehealth.
- White respondents are less likely to spend >25% of their time on telehealth.





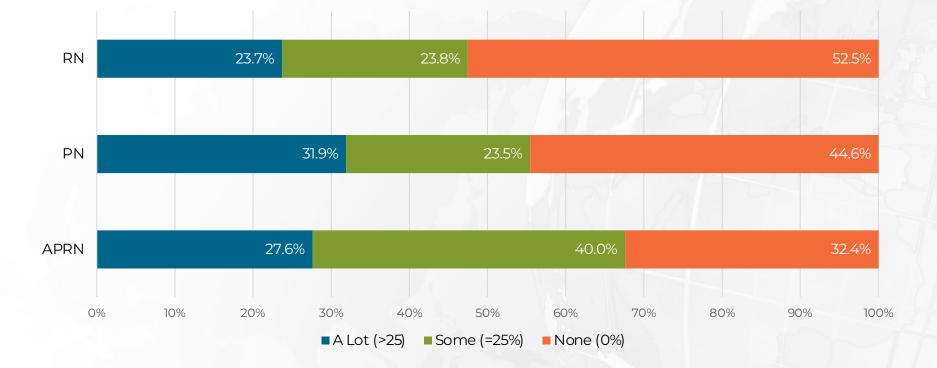
The three telehealth groups generally do not differ on demographic lines:

- Broadly similar ages
- Respondents who identify as female tend to do slightly more telehealth.
- White respondents are less likely to spend >25% of their time on telehealth.
- Nurses of Latino/Hispanic origin are more likely to spend a lot of their time on telehealth



The three telehealth groups generally do not differ on demographic lines:

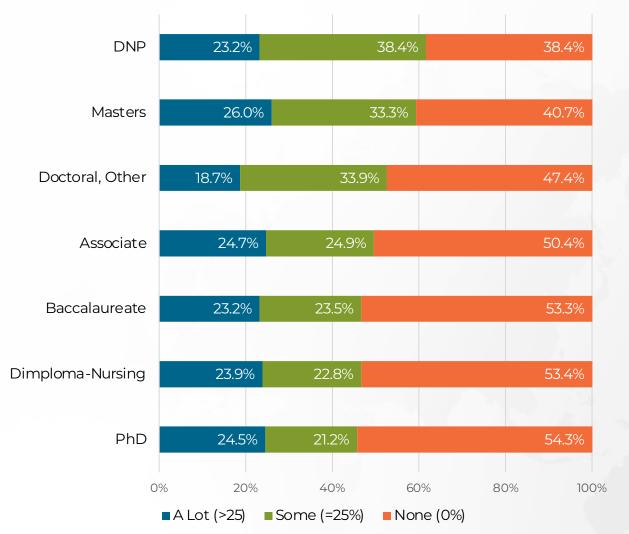
• Urban nurses are more likely to spend a lot of their time on telehealth, but also more likely to do 0 telehealth.



Advanced Practice Registered Nurses are more likely to do telehealth than RNs or LPNs/LVNs.

- Advanced Practice Registered Nurses are more likely to do telehealth than RNs or LPNs/LVNs.
- Driven by Nurse Practitioners, ³/₄ of who spend at least 1% of their time doing telehealth.



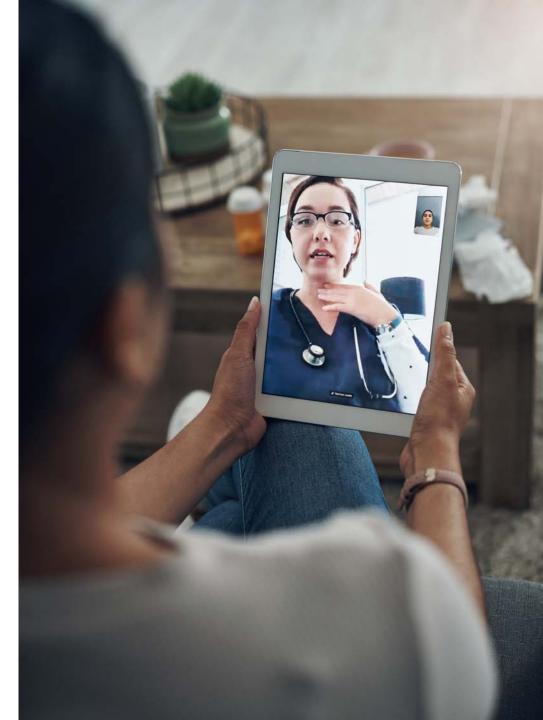


- Advanced Practice Registered Nurses are more likely to do telehealth than RNs or LPNs/LVNs.
- Driven by Nurse Practitioners, ³/₄ of who spend at least 1% of their time doing telehealth.
- RNs with Master's or DNP degrees are more likely to do telehealth.

Different Types of Telehealth Providers

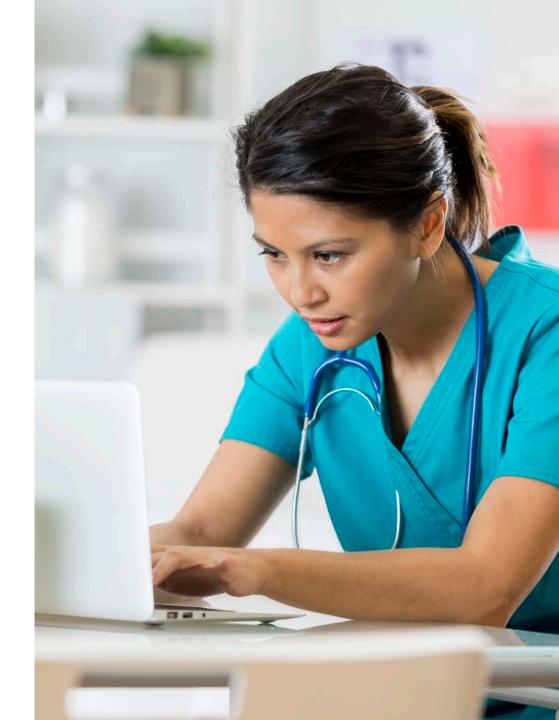
Video Callers

- RNs who are much more likely to do Video Calling than average, but perform other types of telehealth around the average.
- Least likely to do 0 telehealth
- Titles: APRN
- Specialties: Psychiatric/Mental Health, Family Health, Geriatric/Gerontology
- Setting: Community Health



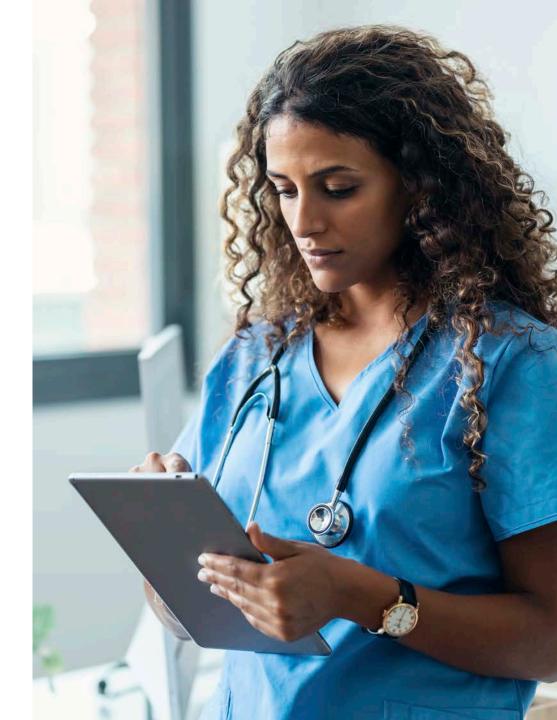
Remote Workers

- Significantly more likely to use Email and the Telephone, less likely to use Video Calls, more likely to spend >25 of their worktime doing telehealth, more likely to do interstate telehealth
- Titles: Case Manager, Consultant
- Setting: Insurance Claims/Benefits



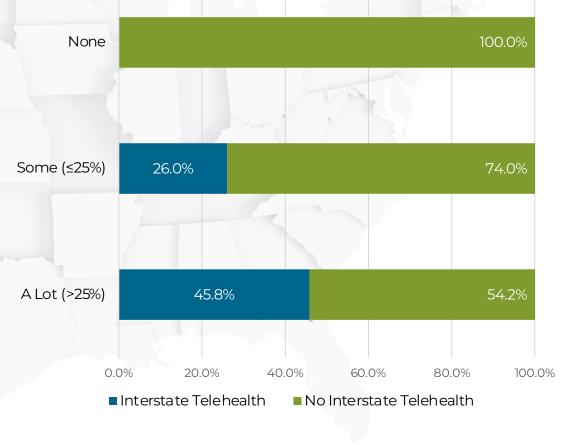
Frontline Workers

- Significantly less likely to use telehealth generally, and most telehealth modalities, though more likely to use Virtual ICU systems.
- Titles: Staff Nurse
- Specialty: Acute Care/Critical Care, Medical Surgical, Emergency/Trauma
- Setting: Hospital



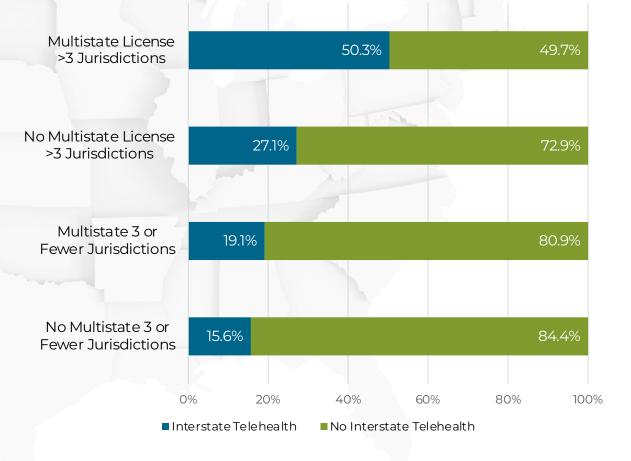
Interstate Telehealth

RNs who spend >25% on telehealth are more likely to do interstate telehealth than those who do less than 25%.



Interstate Telehealth

- RNs with Multistate Licenses are twice as likely to do a lot of interstate telehealth.
- The majority of RNs with Multistate Licenses who report working in more than 3 states do interstate telehealth, and they are nearly twice as likely to do interstate telehealth than those RNs who work in more than three states without an NLC license.



Discussion

- The NLC facilitates nurses practicing telehealth in multiple states.
- These results suggest that the majority of RNs working in more than 3 jurisdictions using an NLC license are performing telehealth.
- Interstate telehealth providers who practice in more than 3 jurisdictions are twice as likely to hold NLC licenses than the RN population at large.
- This suggests that the lack of an NLC license serves as a barrier to particular roles that involve telehealth across many jurisdictions.

Discussion

- Norris and Nandy (2023) examined insurance claims data from 2019 and found that the proportion of telehealth from out-of-state providers did not differ significantly in jurisdictions that were members of the NLC vs those that were not members of the NLC.
- Our data suggests that this may have changed since the post-pandemic expansion of telehealth.

Limitations

- Telehealth questions were limited to states surveyed via e-mail or mail-out surveys, so nurses from five jurisdictions were excluded from these results (MO, NC, NM, WA, WY).
- Limited ability to capture change in respondents telehealth practice due to the pandemic.

Takeaways

- Telehealth providers are more likely to identify as women, Hispanic, and as members of racial minorities.
- Telehealth providers are a heterogenous group.
 - The way RNs use telehealth differs based on their specialty, title, and setting.
 - We can identify at least three groups of nurses who perform telehealth differently: Nurse Practitioners and other Video Callers, Remote Workers, and Frontline Workers.
- RNs with multistate licenses are more likely to perform interstate telehealth.

