

Past Event: 2024 NCSBN Scientific Symposium - Impact of COVID-19 Pandemic: Characterizing the Telehealth Nursing Workforce in 2022 Video Transcript

©2024 National Council of State Boards of Nursing, Inc.

Event

2024 NCSBN Scientific Symposium

More info: <https://www.ncsbn.org/past-event/2024-ncsbn-scientific-symposium>

Presenter

- [Dr. O'Hara] Hi, everyone. Today we're going to talk about looking at...Brendan brought up the National Workforce Study, and today we're going to focus on the telehealth side of things there. So, starting with a little background, I think a term like telehealth can mean a whole lot of different things in different contexts.

So today I'm defining it here. Telehealth is the provision of nursing services or communication with a patient or client located somewhere different from the provider's location, via phone or electronically. This is going to be a very broad definition of telehealth. We're going to capture things, not only something that would be a full remote visit with the provider, something that would show up in insurance claims data, but it's also going to involve a nurse picking up the phone when a patient has a question or something like that.

So that's going to be important to look at here, and it's going to really capture kind of a wide range of how nurses are using this technology in their day-to-day practice. So Brendan talked a lot about how, you know, COVID happened, things changed, and now we're in a different place than we were before.

So I want to talk about that a little bit with regard to telehealth. So this graph here from the Assistant Secretary for Planning and Evaluation's Office of Health Policy kind of shows that before, looking at Medicare claims, this yellow line ta(7(7(6)6)20(7(re(of t) TJETQ0.00000912 0 612 792 reW*nBT/F1 12 Tf1 0 07r P)

But then again, we see telehealth starts to wane, in-person visits come back up. But we see it's different than it was. Telehealth is still here in a way that it wasn't before the pandemic, whether this is regulatory changes, whether this is providers and patients who were hesitant to use these technologies before the pandemic, experienced them hands on during the pandemic and went, "I can live with this.

This is adding convenience to my life," or other tools that I didn't have before. And to show that this is not just more telehealth after the pandemic but really how telehealth works is different, I want to show some data, again, from the Office of Health Policy. Here is before the pandemic.

In 2019, telehealth visits were largely rural. So 0.2% of all rural visits in CMS were telehealth visits, and the less than 0.1% of urban visits billed to Medicare were telehealth visits. So if telehealth was happening, it was more likely to happen in rural areas.

But then, you know, 2020, things jumped up. You notice this urban column jumped up a lot higher. And we can see, even as the pandemic started to wane, we start to see that now in the urban areas, telehealth is more likely.

More visits in urban areas are telehealth than before. So this really shows that COVID not only was an acute thing that, you know, changed all of our lives for many years, but our lives are different now. The status quo is different than it was. So what this study aims to look at is, if telehealth changed, if the way we use telehealth in nursing changed during the pandemic, how did that happen?

What does it look like now? Who makes up the telehealth nursing workforce now? How much does the use of telehealth in nursing differ based on the nurse's position, their professional profile? And I'm also going to look a little bit about how interstate practice is affected by the NLC.

So the methods we're going to use today. Brendan mentioned this study earlier. If you were in the other room, you heard a lot about it. The NCSBN performed the 2022 National Nursing Workforce Study or Survey that came out this last April, and what we did was look at a sample of RNs and LPNs across all of the jurisdictions in the United States, states and territories excluding Puerto Rico.

And we looked at a variety of different questions using the National Center of Nursing Workforce Centers' minimum dataset, using questions about COVID-19, using questions about travel nursing, and importantly, today, we talked about telehealth questions.

Here, I've given you, just to look at, the questions about telehealth that I'm going to be focusing on today just to kind of give you a chance to get used to what I'm talking about. So the big question here is to get how much telehealth nurses data, we asked them to estimate what percentage of their work time do they provide nursing services to a patient or client in a different location via phone or electronically.

So again, like I mentioned earlier, compared to the Office of Health Policy's Medicare claims data, this data is going to be broader. It's going to capture all the ways a nurse communicates with a patient that's not in their location via phone or electronically. We also asked what percentage of this remote communication was across state borders, and we asked them to select modes of communication they use to provide nursing services remotely: electronic messaging, virtual ICU, telephone, email, and video call.

These all differ how much people use them. Telephone is used a ton, 96% or so of people doing telehealth use telephone, at least some of the time. Whereas virtual ICU, we're looking at more like 8%.

But continuing the methodologies, we weighted the respondents based on jurisdiction, age, and gender, based on formal nonresponse bias analysis.

And for the telehealth questions we're looking at here, we received almost 23,000 registered nurses responding to these questions and a little over 18,000 licensed practical nurses. So we're going to get into the results, starting at looking at the demographics of telehealth providers.

This histogram, it's a lot to look at, you don't really need to understand all of it, but what I've got here is the percentage of time a nurse spent doing telehealth versus the count on the y-axis. And so you can see, there's a wide variety of amounts of telehealth people are doing. You're almost as likely to spend 10% to 20% of your time on telehealth as 90% to 100% of your time on telehealth.

You notice, there's a huge spike at the top here. This is nurses who spent 0% of their time on telehealth. And if you look, this is actually a logarithmic scale. While it looks like these are maybe twice as high on first glance as the nurses in 1% to 10%,

nurses are both a little bit more likely to do telehealth overall, they're less likely to do no telehealth, and they are more likely to do a lot of telehealth.

So we get kind of a similar trend that we saw with the Black and Asian nurses on the last slide. Interestingly here, we really see this dumbbell distribution when we look at nurses who practice in urban locations versus rural locations. Urban nurses are both more likely to do a lot of telehealth than rural nurses and more likely to do no telehealth than rural nurses.

So this is really emblematic of there's something heterogeneous going on in the group of urban nurses. There are some that are doing a lot of telehealth and some that are doing no telehealth, which suggests that we might want to dive in deeper and try to understand who are these different types of nurses that

So what I looked at was the number of jurisdictions that nurses actively practice in, separating nurses who practice in three or fewer jurisdictions actively to more than three, and I looked at nurses who have multistate licenses, have an NLC license, and those who report not having an NLC license.

What we see here, if we just focus on those who practice actively in three or fewer jurisdictions, you see a small boost. Having an NLC license makes you slightly more likely to do interstate telehealth. And unsurprisingly, maybe, if you practice actively in more than three states, you're more likely to do

- [Dr. Lyon] Thank you. This isn't really a question. It's an observation. Karen Lyon, executive officer in Louisiana. We've implemented the compact in '19. We did not grandfather our 70,000+ RNs.

You have to apply to convert your single state to a multistate license. To date, about 21,000 of my active 67,000 nurses have done that. I'm not worried about the ones who have multistate licenses and that are doing telehealth because those RNs, they're fine. I'm worried about the ones who have single-state licenses and are engaging in virtual visits, telephoning to patients who they treat in Louisiana.

For instance, this is a perfect example, Ochsner and MD Anderson in Houston now have a great partnership in Louisiana, and so we're treating all these Louisiana patients, but sometimes they have to go to Houston. And during that time that they're in Houston undergoing different tests or treatment, the nurses here in Louisiana are communicating with them and doing virtual visits and doing all these things, and they don't have a multistate license.

They don't have a single-state license in Texas either. And so my problem is that we have to use a lot of time doing communication and education and marketing to make people, these nurses, especially RNs, understand what telehealth involves. And every time you make that telephone call, if you're in Louisiana and your patient is in Texas or Arkansas or Mississippi or Alabama, we're surrounded by compact states, you're doing telehealth and you must have either an MSL or a single-state license in those states.

And that's not happening because I don't think they even understand that that's telehealth as follow-up.

- One hundred percent. Yeah. And I think that's something that we're hoping to get at with the study is a lot of the other studies looking at telehealth are looking at really, you know, the things that any RN would go, "That was telehealth," but there's so much more. And you know, our numbers might be a little lower than they could be because people are not realizing they're doing telehealth when they are.

- [Woman 1] Hey, Charlie, I have a question. Part of the way you described a provider that's more likely to do telehealth, a nurse that is of color that is...what was the other characteristic? Anyway. So I'm wondering, is there any additional thoughts that perhaps maybe that is the persona of the nurse that is possibly providing more access to care to the same population that they're serving?

Is there any thoughts or anything around that?

- Yeah, that's a really interesting question, and I think, you know, that's one of the big benefits of telehealth is that it allows for patients to be able to see a wider variety of providers, potentially based on their specialty, potentially seeing a provider that looks more like them who may not be in the geographical region.

Unfortunately, we don't have any data on who you're providing the telehealth to when you're doing this, so I can't tell you that we're getting that result. But hopefully, there's something there.

- It's kind of an aha moment for me because when you speak about just kind of the reference [inaudible 00:28:30] a nurse of color that is [inaudible 00:28:35]. I found that interesting that that is the person that kind of [inaudible 00:28:41].

- Absolutely, absolutely.

- [Dr. Nikpour] Hi, Jacqueline Nikpour, University of Pennsylvania. Thank you so much for your presentation. So I'm a researcher, and my work is mostly in primary care and specifically redesigning

primary care delivery models to elevate and expand the roles of nurses who are working in those settings, so registered nurses who are not APRNs or can be working at sort of an elevated level, doing things like chronic disease management, independent low-level patient visits for established follow-up routine things like getting an A1c screening or vaccination.

All of these things that nurses are kind of taking on in addition to things like care condition, all of that, and some of the regulatory issues associated with that. And because we're in this era of team-based care where nurses are kind of taking on these different roles in primary care, including telehealth, I'm curious if, on your slide where you've got nurses who are in community health who are doing telehealth some of the time, you mentioned their title as APRNs, and so I'm curious if that...

- I pressed the button too many times. This is going to go back to the top.

- There was, I think, one slide you just passed that was APRNs.

- Yeah, I know which slide you're talking about.

- Are they all APRNs who were, as part of sample, doing community health? Did you see any registered nurses who are not APRNs doing telehealth in these settings? What did that look like?

- Yeah. And I think this is a place where the way I'm presenting these profiles is a little bit confusing right now. But I think, here, what I'm kind of looking at is APRNs are more likely to be video callers than other titles, than like staff nurses or other things, and nurses in community health settings are more likely to be doing video calling than, say, hospital nurses and other settings.

- So, when you say nurses in community health settings, you're specifically referring to APRNs?

- No, I'm referring to all nurses in community health settings, not just APRNs.

- I think 100%. I think, again, these are the three questions I had to get the type of providing you're doing, but I'm hoping that nothing I'm presenting here is, like, surprising to anyone. You should look at those and go like, "Well, yeah, no. If you're an anesthetist, you should not be doing that via telehealth. That doesn't really make sense to me."

And so I think that's sort of what we get. And again, the next steps are making those leaps and going like, "Okay, if you're this type of provider, you're probably doing this type of practice this much," and so on. So, yeah, thank you so much. I think we are out of time for this session.