Top Ten Things To Know
Recommendations for Implementation of Telemedicine within Stroke Systems of Care

1. Whenever local or on-site acute stroke expertise or resources are insufficient to provide around the clock coverage for a healthcare facility, telestroke systems should be deployed to supplement resources at participating sites. This should be done within the context of a stroke system of care framework wherever possible.

2. Organizations providing or requesting telestroke services should operate under rules and principles governed by contractual agreements between the parties.

3. Medical advice should be provided during telestroke consultation in a manner similar to that which occurs during on-site consultation, and documentation of the recommendations should be made available to the originating site within a reasonable time after completion of the consultation.

4. Technology providers should adhere to widely accepted industry standards.

5. Technology solutions should include easy to use standard features to ensure an adequate visualization of the patient and surrounding environment, examination of the patient and opportunity to interact with others at the bedside including providers and caregivers.

6. New models and codes for reimbursement of telestroke services should be developed to reflect the increased upfront costs to providers and reduced long-term healthcare costs to insurers.

7. A mechanism for a uniform national U.S. licensure process limited to telemedicine practice should be adopted by State Medical Boards, and a uniform streamlined credentialing and privileging process for telestroke providers should be adopted by hospitals.

8. Telestroke networks should be deployed wherever a lack of readily available stroke expertise prevents patients in a given community from accessing a primary stroke center (or center of equivalent capability) within a reasonable distance or travel time to permit access to specially trained stroke care providers.

9. Institutions seeking to develop hub and spoke telestroke networks should attempt to include key stakeholders from the beginning of the process to ensure successful adoption and sustainability.

10. The paper also provides specific recommendations for the use of telestroke in acute stroke treatment (emergency phase), subacute stroke treatment, and secondary prevention.