



HPNA Position Statement

Telehealth

It is the position of the Hospice and Palliative Nurses Association that nurses:

- Adopt telehealth practices that expand access to palliative and hospice care for patients and advocate for lowering barriers to telehealth access.
- Establish benchmarks of best practice for each mode of telehealth care (e.g., video visits, telephone encounters, remote patient monitoring) that encompass pre-encounter preparation, communication etiquette, and documentation.¹
- Adhere to nursing ethics, evidence-based practice guidelines, and professional standards in telehealth care even as technological developments and regulations continue to evolve.²
- Ensure that telehealth technology supports stringent security to protect patient health information.²
- Make reasonable modifications for persons with disabilities or limited English proficiency to receive care by telehealth.³
- Must stay informed on local, regional, national, and institutional regulations that govern telehealth nursing practice, interstate licensure, reimbursement, handling of patient health information, prescribing practices, and documentation.¹
- Must advocate for universal access to telehealth to ensure equitable, high-quality care, especially in communities that are most vulnerable to become marginalized (e.g., expand Medicare's telehealth coverage, improve reach of technology to vulnerable populations).^{2,3}
- Must seek continuing education to develop competency in the use of telehealth and communication strategies etiquette.^{2,4,5,6}
- Must monitor the impact of telehealth on outcomes for patients, caregivers, and clinicians using quality-improvement and research methodologies.¹

Background

Telehealth is the use of connected health technology^{1,2} to deliver health care across geographic distances, to offer patient and clinician education, and to promote public health and healthcare delivery. Examples include patient and family visits, continuous remote monitoring and treatment management, and extended patient access to clinicians. Other terms used interchangeably include televisits, telemedicine, and telepalliative care.

The COVID-19 pandemic had an extreme and unanticipated impact on hospice and palliative nursing. The health emergency spurred unprecedented telehealth innovations that were enabled by the suspension of rules, regulations, and reimbursement that govern practice. For example, during the pandemic, telehealth visits were often the only way hospice and



palliative nurses were able to connect with patients. However, hospice nurses have provided care to patients and families via telephonic visits since the 1970s. Across the healthcare system, telehealth has arrived as an indispensable healthcare service.

Although telehealth expands healthcare access for many, it is not available to a significant proportion of Americans. Access remains a challenge for up to 24% of the U.S. population, including those with limited home or community internet access; lack of digital literacy or user-friendly video-capable devices; and other structural barriers to equitable, high-quality care.^{1,2} The U.S. Department of Health and Human Services has a website that provides education for patients and clinicians on [how to improve access to telehealth](#). This education includes use of online tools, tips on communication, recommendations on telehealth platforms, and information on the importance of digital literacy.³

Health equity must be at the forefront of any decisions made regarding telehealth expansion and implementation.^{1-3,6} It is important to note the serious concern about widening health disparities, particularly for minority and underserved communities. Telehealth should be employed in parallel to policies such as broadband access and expansion, access to end-user devices, and patient education.

Making permanent the telehealth waivers established during the COVID-19 national emergency would improve access to care, especially for rural, remote, and underserved populations. Most hospice patients receive care in the places they call home, and enduring telehealth legislation would allow them to continue to receive care from the safety of their homes. Extending these capabilities permanently would provide needed flexibility to both patients and families and ensure access to care in rural and underserved areas—all without marginalizing patient care.

Over the past decade, nursing education has been advancing telehealth in nursing curricula to prepare students to balance high-tech with high-touch, evidence-based nursing care. Telehealth technologies, artificial intelligence, and wearable monitoring devices are examples of current, technology-focused, competency-based nursing education that should be supported.⁷

Future support of telehealth should also include legislative advocacy to remove as many nursing licensure barriers as possible, including interstate licensure requirements. HPNA believes that eliminating geographically based licensure restrictions would improve the capability of clinicians to reach patients and families utilizing telehealth.



References

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This statement reflects the best available evidence at the time of writing or revisions.

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