TELEHEALTH AND MEDICINE TODAY

SUPPLEMENTARY MATERIAL: TRANSPARENT PEER REVIEW

Implementing Store-and-Forward Telehealth in a Remote Patient Monitoring-Home Telehealth Program

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2025-01-02

Erika Rolland, MSN, RN, RN-BC, CAVRN, Senior Director of Clinical Operations | Generative AI | Virtual Nursing Expert | Remote Patient Monitoring, Outcomes AI, Rochester, Minnesota, United States

To Author

The article "Implementing Store-and-Forward Telehealth in a Remote Patient Monitoring—Home Telehealth Program" is an outstanding contribution to the telehealth field. It highlights an innovative pilot program with practical applications in chronic disease management. Here are several strengths of this submission:

1. Clarity of Purpose: The article clearly articulates its aim to integrate Store-and-Forward Telehealth (SFT) into Remote Patient Monitoring programs. The structured approach using the Plan-Do-Study-Act (PDSA) framework demonstrates a methodical and replicable methodology.
2. Strong Background Context: The introduction provides a robust overview of the Veterans Health Administration's (VHA) telehealth infrastructure, contextualizing the importance of the pilot program. The integration of historical data and references enhances credibility and provides a strong foundation for the study.
3. Comprehensive Methodology: The description of the PDSA framework and the step-by-step process are well-detailed, offering insights into planning, implementation, and evaluation. The inclusion of challenges and facilitators adds depth and realism to the findings.
4. Innovative Use of Technology: The pilot's focus on leveraging SFT to improve clinical assessment and patient access is commendable. By utilizing existing technologies like the My VA Images app, the program bridges gaps in care delivery.
5. Impactful Results: The outcomes, particularly the achievement of the target for image submissions and the positive feedback from RN Care Coordinators, showcase the feasibility and benefits of the pilot. The discussion of patient demographics and barriers highlights areas for improvement and further research. The conclusion effectively emphasizes the pilot's potential for scalability.

Overall, the article is a well-researched and impactful contribution to telehealth literature. It provides actionable insights, aligns with strategic goals, and emphasizes patient-centered care. Congratulations to the authors for their thoughtful work in advancing remote patient monitoring and telehealth innovation.

2025-01-15

Dominick Pahl, MS, RN, Virtual Nursing Catalyst, Biofourmis, Inc.

For author and editor

Overall, I enjoyed the paper and appreciated the challenges of implementing a new process/technology. I provided a number of comments throughout, most of which are grammatical considerations. Still, I did provide some opposing thoughts for the authors to consider, as well as some reader perspective to help strengthen the paper further. I'd like to see some of these gaps addressed in the paper if possible. Some inquiries may not have supporting data as well, but it could be good to recognize some of these items for future study/consideration. I also found the ending of this paper to be a bit abrupt and would recommend a more formal conclusion/wrap up to the paper. Thank you for sharing these insights and giving me the opportunity to review this.

2025-01-18

Andrew John Butler, MBA, MS, PhD, Dean, School of Health Professions, University of Alabama at Birmingham, USA.

Main Claims and Their Importance

The main claims of the paper are that integrating Store-and-Forward Telehealth (SFT) into a Remote Patient

Monitoring—Home Telehealth (RPM-HT) program can enhance patient assessment, improve care coordination, and increase patient access to care. These claims are important as they address the need for improved healthcare delivery methods, especially for patients with chronic conditions who require continuous monitoring and care.

Novelty of the Claims

The claims made in the paper are not entirely novel, as SFT has been used in various telehealth applications such as teleEye care, sleep medicine, teleDerm, and teleWound care. However, the specific application of SFT within an RPM-HT program and the focus on nurse-led interventions provide a unique perspective that adds value to the existing literature.

Context of Previous Literature

The claims are well-placed in the context of previous literature. The paper references the Veterans Health Administration's (VHA) extensive telehealth infrastructure and the benefits of SFT, such as streamlined patient workflows, time savings, and improved care coordination. The discussion also highlights the challenges of implementing new technology in healthcare settings, which aligns with existing research on telehealth adoption.

Results Supporting the Claims

The results support the claims made in the paper. The pilot project achieved its target goal of 40–50 high-quality clinically significant video clips or images submitted by patients. The feedback from Registered Nurse Care Coordinators (RN CCs) was generally positive, citing improved physical assessment and patient access to care. However, challenges such as patient and provider participation and patient use of technology were noted.

Evidence Required

The evidence provided is sufficient to support the claims. However, additional data on the long-term impact of SFT on patient outcomes and cost-effectiveness would strengthen the paper. Including a larger sample size and a longer study duration could provide more robust evidence.

Protocol Deviations

There were no significant deviations from the protocol mentioned in the paper. The pilot project followed the Plan-Do-Study-Act (PDSA) process improvement framework, and the steps taken were clearly outlined.

Additional Experiments or Information

Additional experiments that could improve the paper include a comparative study between SFT and other telehealth modalities, as well as an analysis of patient satisfaction and engagement with SFT. These experiments would provide a more comprehensive understanding of the benefits and limitations of SFT in RPM-HT programs.

Difficulty of Additional Work

The additional work suggested would require more resources and time but would significantly enhance the paper's contribution to the field. Conducting a comparative study and analyzing patient satisfaction would involve recruiting more participants and collecting more data, which could be challenging but feasible.

Outstanding in Its Discipline

The paper is a valuable contribution to the field of telehealth and remote patient monitoring. It provides practical insights into the implementation of SFT in RPM-HT programs and highlights the potential benefits and challenges. While it may not be groundbreaking, it is certainly relevant and useful for healthcare providers and policymakers interested in telehealth solutions.

Interest in the Paper

This paper would be of interest to healthcare providers, telehealth practitioners, policymakers, and researchers in the field of telehealth and remote patient monitoring. It provides practical insights and evidence on the implementation of SFT in RPM-HT programs, which can inform future telehealth initiatives.

Suitability for Publication

The paper is suitable for publication. The study shows sufficient potential, and the authors should be encouraged to continue this line of work in the future with additional data and analysis as suggested.

I hope these comments are helpful. If you have any further questions or need additional information, please let me know.

2025-01-21

Author Revision

One medium available for telehealth service delivery is Asynchronous Store-and-Forward (SFT) technology. Asynchronous SFT has long included review of bioscans such as x-rays, CT scans, and MRIs. More

recently, it has been implemented for video-recorded patient intake interviews and health histories. The National Office of Telehealth Services describes SFT offered through the VHA: "The Office of Connected Care's My VA Images (MVAI) app is a Veteran-facing Asynchronous Store and Forward Telehealth (SFT) solution. MVAI expands the ability of telehealth from home, allowing Veterans to send images or short video clips directly to providers upon the provider's request." The SFT is being used widely in several ways by specialty providers. At the VA, its use is highest in teleEye care, sleep medicine, teleDerm, and teleWound care. These programs store data transmitted remotely from the patient's home or a remote clinic, for review later by a specialty provider. Remote Data Monitoring programs at the VA and in the wider community also include some targeted asynchronous technology for identifying foot problems among patients with diabetes, and cardiac status of patients with heart failure.

Secure messaging systems used by healthcare systems often have options for patients to upload images independently for medical provider review; this option is available through the VHA but is not widely used by patients or non-specialty providers.

Despite the increased use of SFT worldwide, little research is available on the use and effectiveness of nurse-led interventions employing the specific modality of store-and forward telehealth. However, nurse-led telehealth interventions have great potential to improve outcomes, enhance patient engagement, and optimize resource utilization.

2025-02-07

Sheila John, MBBS, DO, PhD, Department of Teleophthalmology, Sankara Nethralaya, Chennai, India

For author and editor

You have done a detailed study of asynchronous mode of teleconsultations for patient assessment. Home telehealth should be implemented all over the world, including the remote areas, and this also decreases the hospital visits. The article also discusses the safety and security measures applied for transmission of images.

2025-02-8

From: "John Russo, Jr., PharmD" <jr@medcomres.com>

Subject: [THMT] Editor Decision

Rebecca Green, Ludmilla Samson: Congratulations. We have reached a decision regarding your submission to Telehealth and Medicine Today, "Implementing Store-and-Forward Telehealth in a Remote Patient Monitoring—Home Telehealth Program."

Our decision is to: Accept Submission.

You will receive a copy edited draft of your article in the next few days.

Then, please submit your final draft, including the information indicated below. To meet the next publication date, please send your final draft within the next 5 days. We will then prepare your article for publication. You will see the galleys for your final review and approval.