



AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
9425 North MacArthur Blvd., Suite 100, Irving, TX 75063, (972) 243-2272, Fax (972) 484-2720  
<http://www.aarc.org>, E-mail: [info@aarc.org](mailto:info@aarc.org)

February 6, 2017

**The American Telemedicine Association's Operating Procedures for Pediatric Telehealth  
Endorsement by the American Association for Respiratory Care**

The American Association for Respiratory Care (AARC) offers its support and endorsement of the Operating Procedures for Pediatric Telehealth as drafted and applauds the American Telemedicine Association (ATA) for developing guidelines to address the needs of our nation's pediatric population when receiving critical services via telehealth.

The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with chronic respiratory diseases such as asthma and Chronic Obstructive Pulmonary Disease (COPD) and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. The AARC is especially supportive of expanding telehealth and remote patient monitoring (RPM) services and recognizing respiratory therapists as telehealth providers.

Telehealth services are an integral part of the health care delivery system today and continue to gain recognition in improving outcomes and reducing costs. Children of all ages offer unique health care challenges, and it is important to recognize the need for thoughtful guidelines to ensure the protection and safety of this vulnerable population. As drafted, the procedures are comprehensive, well written, and address the major goals needed to ensure safe, appropriate and quality telehealth services to this special group.

In the **Scope** section on page 2 of the procedures, the ATA *"urges health professionals using telehealth in their practices to familiarize themselves with the guidelines, position statements, and recommendations from their professional organizations/societies and incorporate them into telehealth practices"*. It is the position of the AARC to support efforts to provide patients access to respiratory therapy services via telehealth. Furthermore, the AARC supports the recognition of respiratory therapists as providers of telehealth services under Medicare, Medicaid, commercial and other health insurance programs.

The **Provider Considerations** section of the ATA document beginning on page 11 takes into account, in part, scope of practice, licensure, credentialing, practice guidelines and guidance from specialty societies. We believe these guidelines provide the safeguards necessary to ensure that pediatric telehealth services are provided by those qualified to do so. The AARC strongly recommends patients with respiratory disease receive the highest quality care in a timely and professional manner. Respiratory therapists are licensed, trained, tested and credentialed professionals. They are uniquely qualified to deliver respiratory care to all age groups, from neonate to elderly.


The AARC offers a Neonatal-Pediatric Specialist course designed to enhance the critical skills necessary for respiratory therapists who work in both neonatal and pediatric acute care environments. In addition, the National Board of Respiratory Care offers the Neonatal/Pediatric Respiratory Care Specialty Examination which is designed to objectively measure essential knowledge, skills, and abilities required of respiratory therapists in this specialty area. Respiratory therapists with a Registered Respiratory Therapist (RRT) credential are eligible to take the exam. Those with a Certified Respiratory Therapist (CRT) credential are eligible for the exam if they have one year clinical experience in neonatal/pediatric respiratory care.

An example of the expertise of respiratory therapists in administering telehealth services to the pediatric population is demonstrated in a recent pilot study<sup>1</sup> addressing the needs of mechanically ventilated neonates and children in the Intensive Care Unit (ICU). The goal of the study was to determine how well respiratory assessments furnished by respiratory therapists correlated when performed simultaneously face-to-face and by telehealth. According to the study, “14 ventilator-derived and patient-based respiratory variables were used to determine correlations.” Ventilator-derived parameters used by respiratory therapists performing the telehealth examination included among other things pressure control, PEEP, mean airway pressure, breathing frequency, and inspiratory to expiratory time rate (I-E ratio). The results of the study indicated high correlations for 10 of the 14 variables evaluated by telemedicine and face-to-face examinations. The study also noted that telehealth has the potential to “extend the reach of pediatric respiratory therapists to facilities where expertise does not exist or free up existing respiratory resources for important face-to-face activities in facilities where expertise is limited.”

Protecting the privacy and safety of pediatric patients when mobile devices are used is especially important in addition to ensuring equipment used for pediatric telehealth services is appropriate to the age, size and development stage of the child. The guidelines outlined in the **Mobile Devices** and **Equipment** sections of the procedures (pages 8 and 9) effectively address

these areas and take into account that telehealth services provided to adults may not easily be appropriate or adaptable to pediatric patients.

Overall, the ATA's guidance document is an essential tool to ensure safe, quality telehealth care for pediatric patients. It is a comprehensive document that thoroughly addresses the unique telehealth challenges presented by this special population. The AARC wholeheartedly endorses its use by health care providers.

A handwritten signature in black ink that reads "Brian K. Walsh". The signature is written in a cursive style and is centered within a light gray rectangular box.

Brian K. Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC  
President

---

<sup>1</sup> Bell, RC, Yager, PH, Clark, Me et al. Telemedicine Versus Face-to-Face Evaluations by Respiratory Therapists of mechanically Ventilated Neonates and Children: A Pilot Study. *Resp Care*. February 2016. Vol 61 No 2:149-154.