## Developing an Economically Sustainable Telestroke Reimbursement Policy

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## Abstract

The Telestroke (TS) telemedicine application adoption rate has been below industry expectations since the application became a recognized acute ischemic stroke (AIS) tool in the late 1990s. Low adoption of the medical application Telestroke continues due in part to the lack of financially sustainable reimbursement practices. Several peer-reviewed articles identify the lack of sustainable reimbursement as a major barrier to Telestroke growth. Identifying the root causes to the lack of reimbursement provides insight to creating and implementing a national Telestroke Reimbursement policy. Acute ischemic stroke is a principal cause of death and enduring disability in most industrialized countries. Implementing Telestroke on a national scale will assist in resolving the issues of a critical lack of rural stroke specialist and increasing the use of the only FDA approved stroke treatment Alteplase. This qualitative study leveraged the Policy e-Delphi method to determine the most effective Telestroke Reimbursement Policies to create a financiallysustainable reimbursement program. The study executed three e-Delphi rounds to collect the expert panel's qualitative data focused on answering the study's research questions. The study explored variables such as the relationship between telestroke reimbursement rates and telestroke use, the elements of a financially sustainable telestroke reimbursement policy, and identifying the barriers to developing an economically sustainable and consistent telestroke reimbursement policy. The results indicate the largest barriers are; understanding how a national healthcare system affects Telestroke reimbursement, creating a reimbursement system that financially supports both spoke and hub Telestroke locations, and creating additional new reimbursement streams such as leveraging mobile access technology. The benefits of reducing acute ischemic strokes are to save stroke-inflected patient lives and improve the quality of survivors.