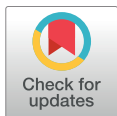




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Telehealth's Time Has Come



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Lack of or difficult access to health care is a problem for many of our citizens, particularly those in rural areas and those who lack transportation. Even if someone has access to transportation, the time it takes to travel to a health care setting, wait for the appointment, and return home can take a half to a full day. Sometimes this appointment with the health care provider is for less than 10 minutes. Even those who live in cities often have less than ideal public transportation systems. When I was working at a Federally Qualified Health Center in the downtown area of a midsize city, I would see patients in the clinic in the morning and then see them waiting for the bus when I left in the late afternoon.

One solution has been telehealth services. Telehealth is more broadly defined than telemedicine by the Office of the National Coordinator for Health Information Technology “as the use of electronic information and telecommunications technologies to support long-distance clinical health care.”¹ It has been a possibility for many years but only in certain geographic areas to those with certain conditions or qualifications. Evidence has demonstrated telehealth’s effectiveness in many situations.

I am hopeful that a potential silver lining to this terrible pandemic is the realization that we do not need to provide all services to our patients face to face. Can we continue to do what is best for the patient in the future, or will we go back to being a self-centered health care system, continuing to place the largest burden for receiving services on the patient?

Increasing comfort (even if not by choice) with telehealth practice is a positive. Providers’ comfortability with telehealth may help it continue after the emergency is over. However, as with most things in health care, data will likely be what drives sustainability. Hopefully, nurse practitioner (NPs) and their organizations are keeping track of the numbers of patients seen, where they are located, reimbursement rates, and patient satisfaction related to telehealth services.

The American Association of Nurse Practitioners has an up-to-date collated page on its website with resources, regulations, and recommendations for using telehealth during the emergency period at <https://www.aanp.org/advocacy/advocacy-resource/coronavirus-disease-2019-covid-19-policy-updates>. The site includes all of the rules and requirements as well as what can be reimbursed and waivers for Health Insurance Portability and Accountability Act related to technology and information transfer. This type of information enables service to those who need or prefer this type of care.

NPs can be advocates for their patients after emergency measures end by sharing their experiences with legislators and policy makers to continue the best of telehealth with optimal patient care in mind. The Center for Connected Health Policy (<https://www.cchpca.org>) has information on current state laws and policies, as well as legislation and regulation, and of course, the American Association of Nurse Practitioners can provide guidance when an issue is specific to NPs.

The *Journal for Nurse Practitioners* is planning a special issue on Informatics and Telehealth in 2021 (see the call for papers on *JNP*'s homepage at www.npjjournal.org), and we would love for you to write about your experiences during this time, especially if you are collecting data that might help others and policy makers continue to provide this valuable option for patient care.

Reference

1. Office of the National Coordinator for Health Information Technology. What is telehealth? How is telehealth different from telemedicine? October 17, 2019. Accessed April 20, 2020, <https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine>

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1555-4155/20/\$ see front matter
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<https://doi.org/10.1016/j.nurpra.2020.04.019>

Corrigendum to Assessment and Management of HIV Distal Sensory Peripheral Neuropathy: Understanding the Symptoms [The Journal for Nurse Practitioners 16/4 (2020) 276–280]

An error appeared in the article “Assessment and Management of HIV Distal Sensory Peripheral Neuropathy: Understanding the Symptoms” in the April 2020 issue. The third sentence in the Clinical Presentation section on page 277 should read *On clinical examination, findings can include decreased muscle strength, depressed or absent bilateral ankle reflexes, and reduced pinprick/vibration sensation in the proximal limbs.*

The authors apologize for any inconvenience.

