Improving Access to Quality Medical Care Webinar Series

Presented by

The American College of Physicians, the Southwest Telehealth Resource Center, & Arizona Telemedicine Program

Welcome

SWTRC region - AZ, UT, CO, NM & NV
Member of ACP
Fellow HRSA Grantees
All other participants from the US & abroad

The **Arizona Telemedicine Program,** and **Southwest Telehealth Resource Center** welcome you to this free webinar series.

The practice & deliver of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care**.

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

- When you joined the webinar your phone &/or computer microphone was muted

- Time is reserved at the end for Q&A, please use the **Chat function** to ask questions

- Please fill out the post-webinar survey

- Webinar is being recorded

- Recordings will be posted on the ATP website
    - http://telemedicine.arizona.edu/webinars/previous
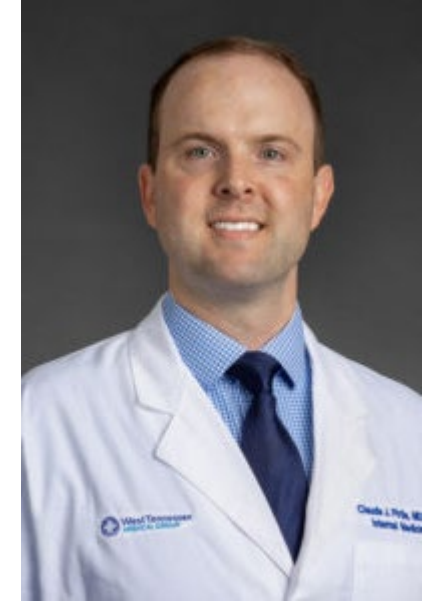
Revving up your telemedicine practice in the time of COVID
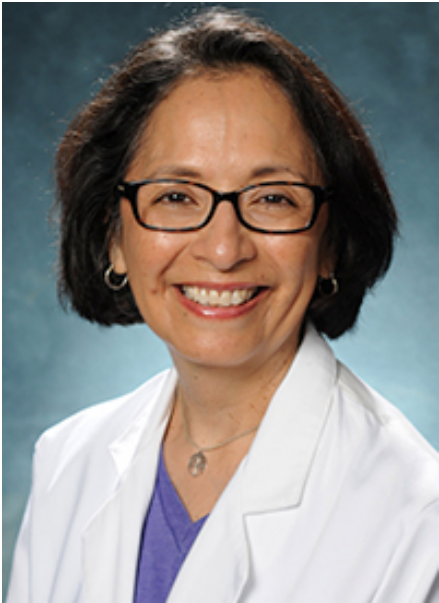
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Claude J. Pirtle, MD, MS

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A Telemedicine Emergence

Ana Maria Lopez, MD, MPH, MACP

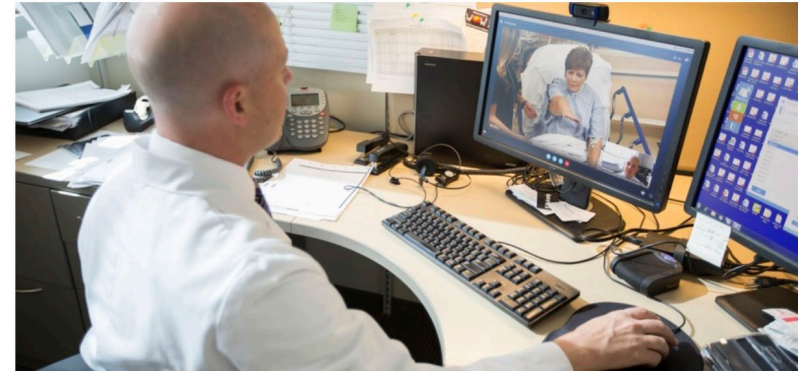Professor and Vice Chair, Medical Oncology, Sidney Kimmel Medical College

Chief of Cancer Services, Jefferson Health New Jersey, Sidney Kimmel Cancer Center, NCI Designated

Thomas Jefferson University

Telehealth uptake surprisingly low among physicians, AMA finds

Intermountain Healthcare

Trends in Telemedicine Use in a Large Commercially Insured Population, 2005-2017

Michael L. Barnett, MD, MS[1]; Kristin N. Ray, MD, MS[2]; Jeff Souza, MA[3]; et al

» Author Affiliations | Article Information

The Use Of Telemedicine By Physicians: Still The Exception Rather Than The Rule

Carol K. Kane and Kurt Gillis

AFFILIATIONS ⌄

ACP releases survey results about telehealth technology availability and use among internists

ACP plans to develop and release practical resources to close gap between physician use of telehealth and patients' desire for flexibility

Philadelphia, April 11, 2019 – Survey results released today by the American College of Physicians (ACP) at its Internal Medicine Meeting 2019 showed that 51 percent of internal medicine physicians and subspecialists who are members of ACP work in a practice that has implemented at least one of five different telehealth services: video visits, e-consults, remote patient monitoring, remote care management/coaching, and integration of data from patient wearables. Overall, ACP found that adoption and usage of telehealth among internists and subspecialists vary widely depending on application.

Terms and Definitions

- **Telemedicine** and **telehealth:** the use of medical information exchanged from one site to another via electronic communications to improve the patient's health status.
  - Telemedicine: direct patient clinical services
  - Telehealth: broader definition of remote health care services.

- **Store and forward** telehealth encounter that transmits still digital images or other patient data for an **asynchronous** medical opinion or diagnosis.

- **Real time** telehealth encounter that takes place at the same time, **synchronously,** between the patient and the teleconsultant.

- **Distant site:** where the specialist is located. Also known as: hub site, specialty site, provider/physician site, and referral site.

- **Originating site:** where the patient and/or the patient's physician. Also known as: spoke site, patient site, and remote site.

- **Remote patient monitoring** is the use of devices to remotely collect and send data to a monitoring station for interpretation.

- **Digital Imaging and Communication in Medicine (DICOM)** is a standard for communications among medical imaging devices; developed by the American College of Radiology and the National Electronic Manufacturers Association.

March 23, 2019 01:00 AM

Low adoption of telemedicine may spur patient migration away from traditional providers
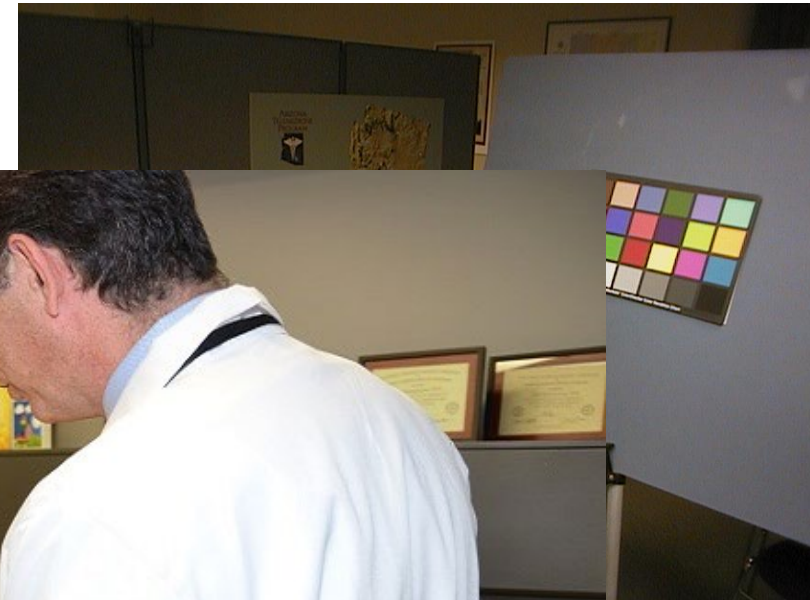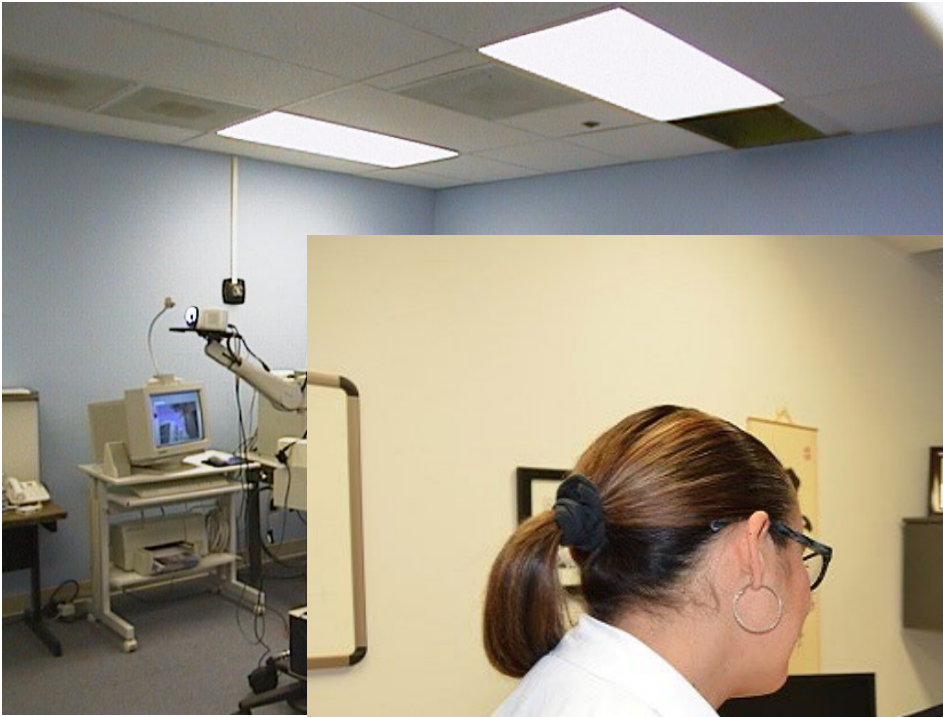
STEVEN ROSS JOHNSON

TWEET　f SHARE　in SHARE　✉ EMAIL

Coronavirus Should Finally Smash the Barriers to Telemedicine

American physicians, insurers and regulators are pushing the rapid expansion of technologies once confined to optimistic press releases.

By Virginia Postrel
April 10, 2020, 6:00 AM EDT

A thing of the past? *Photographer: Andrew Harrer/Bloomberg*

Copy Link

Telemedicine in the time of COVID

- Tele-intake to minimize contact between clinician and patients under investigation for COVID-19.

- Upon admission to the hospital: Tele-inpatient consults-telehealth to monitor patient status while also ensuring safety
  - Saves personal protective equipment

- Tele-ICU: telemonitoring-multimodal sensors with AV capabilities.

- Tele-follow-up after discharge (from the emergency room or the hospital): regular check-ins to monitor symptoms, guide the need for more intensive treatment, and ensure long-term outcomes

Factors to consider for effective telehealth expansion

- April 2019: 36 states mandated insurance coverage for telehealth services
  - Massachusetts recently required all insurers to cover telehealth
- Telehealth copays:
  - In the past few wks, United (45M), Humana (39M), and Aetna (13M) waived telehealth copays
- Re: reimbursement
  - 20% of states ensure telehealth reimbursement parity
  - Reimbursement rates: on average 20-50% lower than in-person care
    - Medicare: video visits compensated at the same rate as in-person

Factors to consider for effective telehealth expansion

- Who can receive teleconsult?
  - Existing patient only. *NP and existing*
- Is asynchronous technology ("store and forward") reimbursable?"
  - Reimbursement is limited
- No restriction on where telehealth can originate
- To promote patient care, there has been a relaxation of out-of-state licensing practice and expediting of licenses
- Health equity challenges: TeleHealth TaskForce
  - Broadband limitations, technology access

What will our new telemedicine normal be?

- What are the non-technological, practical elements that need to be addressed?
  - Clinical implementation
  - Coverage and reimbursement
  - Social challenges

- The federal government's recent policy changes: addressed many of these issues included limitation of tort liability; allowing common teleconferencing platforms that may not be strictly HIPAA compliant
  - What of the 86.5% of those not on Medicare?
    - How can telehealth reach these 281M?

Lawmakers Seek $2B to Boost Broadband for Coronavirus Telehealth Services

The Healthcare Broadband Expansion During COVID-19 Act, introduced on Friday, would set aside $2 billion for the FCC to improve broadband connectivity for telehealth programs taking on the Coronavirus pandemic.
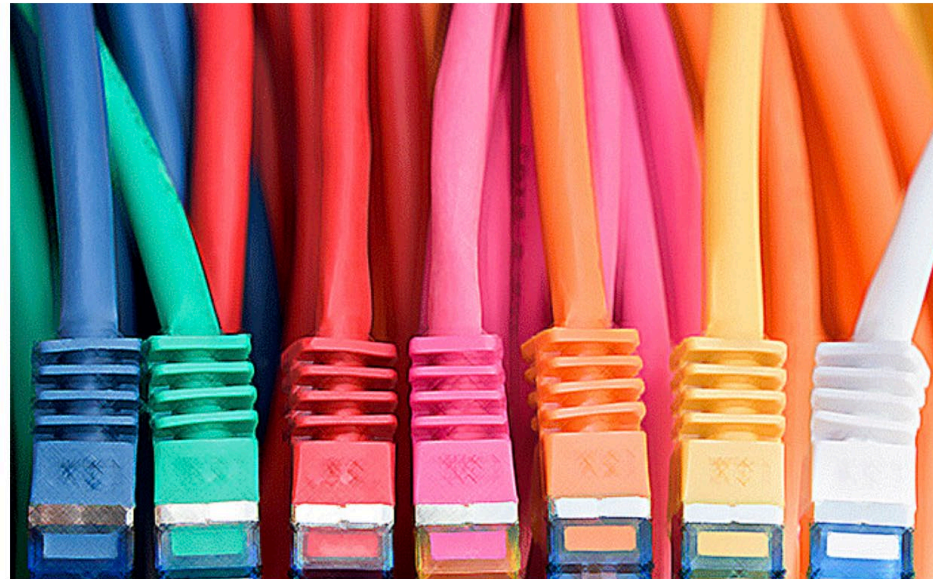
Source: ThinkStock

By **Eric Wicklund**

April 11, 2020 - A bill submitted to Congress on Friday aims to set aside $2 billion

Telemedicine Visits

Deepti Pandita MD,FACP,FAMIA
Chief Health Information Officer
Department of Medicine
Hennepin Healthcare, Minneapolis, MN

Telemedicine Visit-Agenda

This talk will mainly focus on synchronous video visits

- Discuss Conducting a Telemedicine visit

- Web side manner, set up and support do's and don'ts (Pearls and Pitfalls)

- The optimal environment and set up

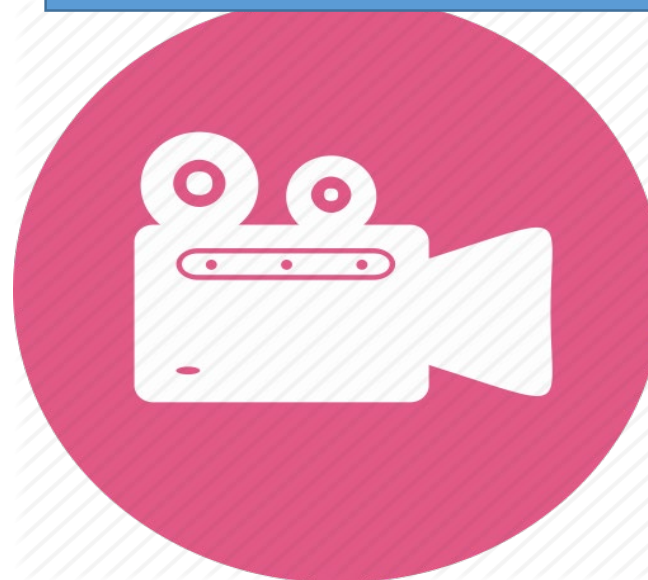- Capturing required documentation and "exam" elements, orders and instructions

Environment and set up

- Ensure a clutter-free environment (check behind you).Remove personal artifacts from background(family pictures, trophies, etc, white wall is ideal)

- Look professional. Smile!•, Wear professional attire, i.e. a white coat if you typically wear one•

- Position iPad or tablet 2 ft. away at eye-level or attach to a professional stand

- Prop up your phone or tablet on books or a shelf so it's eye-level(you don't want the patient to see just the top of your head!)

- Make sure the door to the room where you are conducting the telehealth visit is closed•

- Create the atmosphere of a regular in-person visit, e.g. if you ordinarily wear a stethoscope around your neck, you should do so during the video visit as well•

- Ensure there is no clutter in the field of vision of the camera –front does not matte-but right , left and back are viewable

HAVE DOOR SIGNs

STOP

DO NOT DISTURB

VIDEO VISIT IN PROGRESS

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Web side manner

- Smile! You're on camera!

- You just made your patient's life much better by saving them a trip to the doctor.

- The visit is typically NOT being recorded, but duration of video call may be recorded•

- Introduce yourself-"Hello Mr/Ms/ XYZ, I am Dr.ZZZ

- Confirm patient name and date of birth•

- What state is the patient in? What state are you in?(For cross state video visits)

- •Document in your note that this is a "telehealth video visit"•

- Who's present (Patient? Family members?)-Document this.

- Document if Interpreters are present-language? Via phone only or video/audio?

Points to Remember

- Your iPhone or iPad will be next to your desktop. This means that whenever you are documenting on your workstation or reviewing data, acknowledge to the patient that you are looking away to view the EMR and not being rude.

- Acknowledge this : "I am looking away from the camera to check your latest labs" Keeping the conversation while looking away reassures the patient.

- Typically video visits to be shorter / more focused than in-person visits

- Remote monitoring data (e.g. BP, weight, glucose monitoring) can be discussed via telehealth

- Send your recommendations (e.g. after visit instructions) to the patient via portal or secure email

-

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Troubleshooting!!

- If video is poor, remind the patient to seek out a place with better reception or connection.

- Sometimes Wi-Fi works better than LTE.

- If audio is poor, consider advising the patient(use sign card if needed) , and then call them by phone .

- Have signs if patient cannot hear you:

I am going to call you by phone

I CAN't HEAR YOU

EITHER YOU HAVE A NEW VIRUS OR MY COMPUTER DOES.

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www.mbodkin.com

Encounter Guidelines

- Telehealth encounters meets the same documentation standards as in-person encounters.

- However, providers must document the following:

1. That the visit occurred via telemedicine

2. The physical location of the patient

3. The physical location of the provider

4. The names of all persons participating in the telemedicine service (such as family, specialists, etc.) and their role in the encounter

You can do a lot via Video!

- Go through your visit the way you normally would:•

- HPI: Try to get 4+ components•

- Don't forget relevant ROS(review of systems)•

- Medication Reconciliation: If the patient is seeing you from home they can send you a list of medications via patient portal ahead of time or have them show you their medications by holding them up to the camera.

- Don't forget to review Social history/Family history/Past medical and surgical history as appropriate

- Orders and Prescribing –similar to face to face typically

Physical Exam-Inspection only option

- You can document quite a bit by inspection:

EXAMPLES BELOW:

- Constitutional: well-nourished, well-appearing
- Ears, nose, mouth, throat: normocephalic, atraumatic, external ears normal by inspection•
- Eyes: no proptosis, extra-ocular eye movement intact, no sclera, conjunctivae not injected•
- Neck: No visible goiter, range of motion of neck appears normal•
- Respiratory: No increased respiratory effort•
- Gastrointestinal: No obvious ascites , no visible spider nevi
- Skin: no visible rash, no foot ulcers, no varicose veins•
- Psychiatric: non-anxious, normal affect

Physical Exam-Ask Patient to be your helper!

- Have the patient step on their home scale if they have one•

- Do they have a home BP monitor-You can ask them to check BP while you watch or relay numbers to you, they can also send attachments of Blood sugar logs or BP logs via video (depends on video vendor)

- Do they know how to obtain their own heart rate or check their pulse during the visit?

- Most patients have their own thermometer to get a temperature•

- Patients can depress their own shins to determine extent of edema•

- Have the patient position their phone in ways to help you:•example :rash on dorsum of feet, have the patient put the camera on the floor and show you the bottom of their feet•

- Move their camera for head to toe view if needed-direct patient to areas you need to visualize

- Close-ups of body areas that trouble them

- Have them Press on tender areas to demonstrate pain

Assessment and Plan

- Mention your provisional and/or final diagnosis with medical decision making and capture this in your documentation.

- Place orders and review with patient where they can go for labs or other tests.

- E- Prescribe medications after verifying Pharmacy with the patient If you do not have E prescribing available then make sure you have number of the pharmacy where you can call in the prescription for the patient.

- If the patient does not have access to patient portal and will not have access to their after visit summary then turn your screen to them and have them review and read back the instructions, sharing via open notes(if your organization has this available) is also great for this purpose.

Follow Up

- Set up follow up visit or have information for patient how they can set up a follow up visit and what modality you recommend (Video, Face to face etc)

- If ordering Referral/Consult to another department make sure patient understands the process for setting up this visit

- If anytime during the visit you feel patient needs more acute attention indicate this and facilitate them either to come in for a face to face visit or Urgent care/Emergency department if appropriate.

Lessons from the Front Lines

William Fox, MD, FACP

Fox and Brantley Internal Medicine

Charlottesville, VA

Governor, VA ACP Chapter

Chair-elect Board of Governors

My Practice

- Three Physicians (But just a little over 2 FTE)

- One front desk practice coordinator

- 2 Medical Assistants

Why Do Telemedicine

- You have to!

- It is the right thing to do in order to appropriately physically distance, keep patients and clinicians safe, and flatten the curve

ACP Statement on Nonurgent In-Person Medical Care

While the need to see a particular patient in person is based on multiple complex factors, physicians should work to transition patients who do not need to be seen in person to a virtual visit (e.g., use telehealth video or telephone services) or else consider delaying the visit until such time as the benefits are outweighed by the harms that could occur when timely care is not delivered.

- It is the only way to keep revenue coming into the practice

Recognize the benefits for your patients and practice

- Keep patients safe by reducing their need to travel for health care

- Allow patients to access your practice first instead of the Emergency Department or a commercial telemedicine service

- Enable continuity of care for chronic conditions, which prevents deterioration that could lead to an ED visit

- Save PPE!

- You can work from home if you are under quarantine

- Generate visit-related revenue

- Patients love it!

Recognize the benefits for your patients and practice

- It's the 21st century already!

Recognize the potential challenges

- Most of us were never taught what we can safely evaluate/treat via telemedicine and what requires an in-person visit

- Fear of substandard evaluation or treatment without access to the all the tools we normally use.

- Lack of the typical lab data we normally rely on

- Technical glitches!

Recognize the potential challenges

- Most of us were never taught what we can safely evaluate/treat via telemedicine and what requires an in-person visit

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- Technical glitches!

What I see
When I Skype my grandparents

Engaging the Office Staff and Adjusting Workflows

- Educating front staff on how to filter appropriate patients for telemedicine visits:

- Communication is key!

- <u>Regular scheduled patients:</u>
  - Physician-staff huddle with 1-2 day look ahead at schedule to see who is appropriate for telemedicine and who might need to be seen in person (80-90% appropriate for virtual visit)
  - Scripted steps:
    - "Do you have a computer with a camera?" – if yes, then direct to telemedicine platform
    - If no, then ask if the patient has an iPhone – consider FaceTime instead
    - If patient has neither option available, consider telephone visit

- <u>Sick/Same day visits:</u>
  - Default to virtual visit but run each case by physician
  - Recognize you may need to "convert" a virtual visit to an in-person visit
  - Regular COVID-19 screening questions still apply for anyone who might be coming in-person

Getting the word out about your practice's Telemedicine option

- Give your receptionists, scheduling staff and nurses a script to guide patients when they call

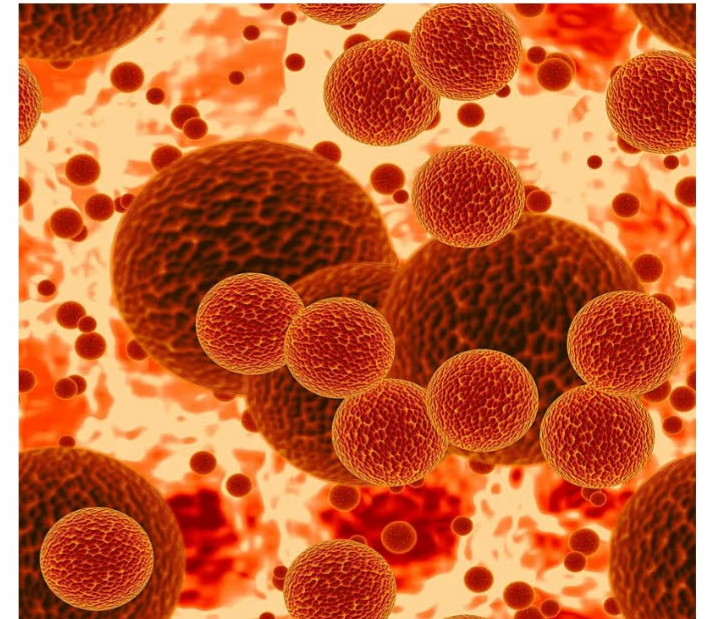- Put a note on your patient portal

- Update your website

IMPORTANT UPDATE ON COVID-19

We want our patients to know that, as an essential service, we are open during the COVID19 pandemic.

However, if you have a **fever, cough, or other respiratory symptoms**, please do not come in to the office. Instead, call us first. We will likely evaluate you outside. We are working hard to keep our office and staff safe.

Authorities have recommended that, if possible, **ALL VISITS BE CONVERTED TO TELEMEDICINE (VIDEO) VISITS.**

During the pandemic, all insurance companies and Medicare are now paying for telemedicine visits in the same way they are paying for in-person visits. This is a great service that allows you to stay in touch with your physician. Even though the physician cannot perform a formal physical examination, there is a lot that can be accomplished through these visits. We can do a telemedicine visit through an easy to use website called **Doxy.me**, or through **Facetime, Skype, Zoom, or other options**. You need to have a camera on your phone or computer to use these options.

At the scheduled appointment time, patients are directed to "check in"

WE ARE ASKING ALL OF OUR PATIENTS TO NOT POSTPONE THEIR VISIT, BUT INSTEAD CONTINUE WITH THEIR VISITS VIA TELEMEDICINE.

To check into our virtual waiting rooms:

Dr. Fox   https://doxy.me/drwfox

Dr. Brantley   https://doxy.me/rbrantleymd

Dr. Henderson   https://doxy.me/drhend

***Help us get you prepared! Before the visit, please weigh yourself, check your pulse if you are able, check your blood pressure if you have a home blood pressure monitor, average recent home readings, and check you temperature if necessary. Please have these vital signs ready to go, along with a list of your medications and any needed refills.

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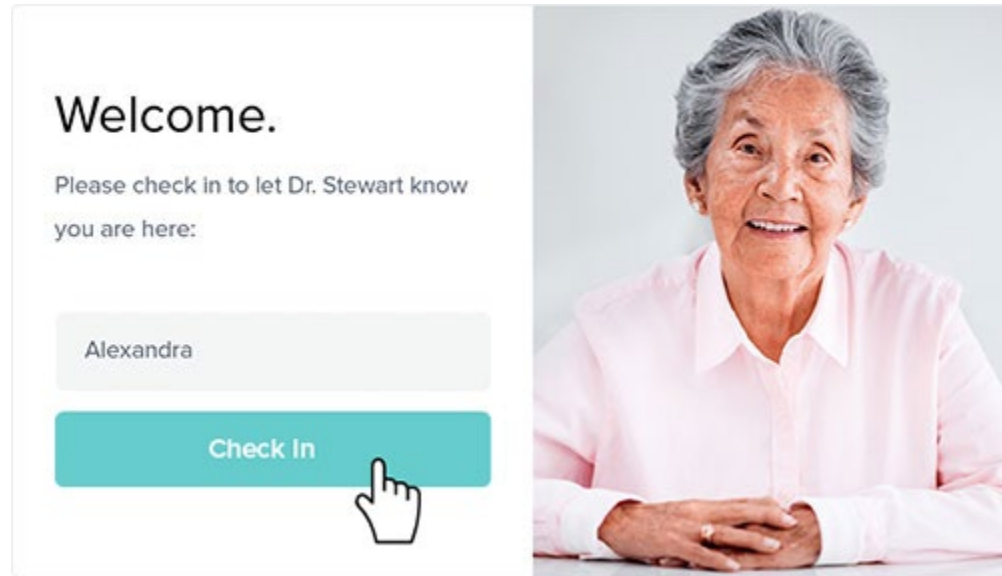To check into our virtual waiting rooms:

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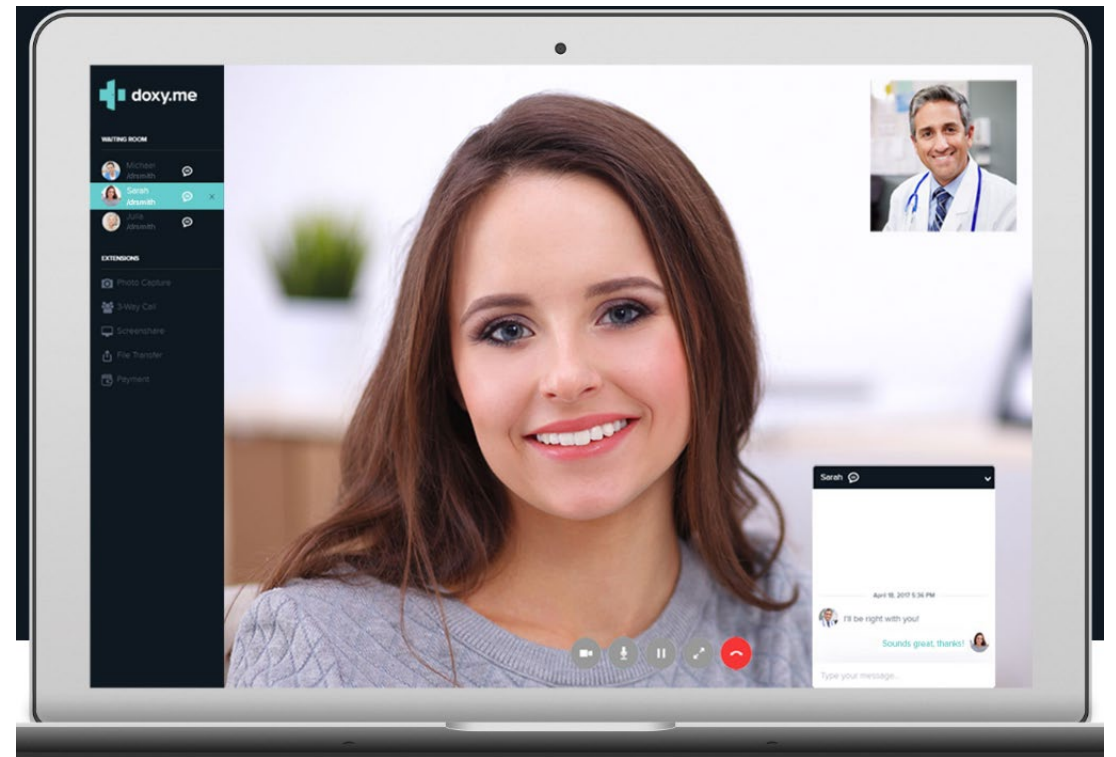Dr. Henderson   https://doxy.me/drhend

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Patient/Clinician Experience

What patient sees on check-in:

Physician view:

At the conclusion of the Telemedicine visit

- Ensure patient understanding of the treatment plan

- Document in the Electronic Health Record as with all visits

- Schedule a follow up visit

- Escalate appropriate patients to in-person care or testing when needed

Reimbursement by Payers

- Medicare: Video visits compensated at same rate as in-person care. Qualified providers include: physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. No restrictions on provider location or patient location. For more information: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

- Medicaid: coverage varies by state. Check your state's coverage here: https://www.cchpca.org/sites/default/files/2020-03/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%203.29.2020.pdf

- Commercial payers: coverage varies by payer. Check with your payers. Or link to https://www.cchpca.org/resources/covid-19-related-state-actions

Coding

- Choose appropriate CPT code:

New Patient	Established Patient
99201	99212
99202	99213
99203	99214
99204	99215
99205	99205

- Choose appropriate ICD-10 code
- Add modifier for Place of Service:
  - Where visit would have taken place if not for public health emergency, e. g. 11 – office, or 22 – hospital outpatient
  - FQHC or Rural health centers can use 02
- Add modifier for Synchronous telemedicine service rendered via real-time interactive audio and video: 95
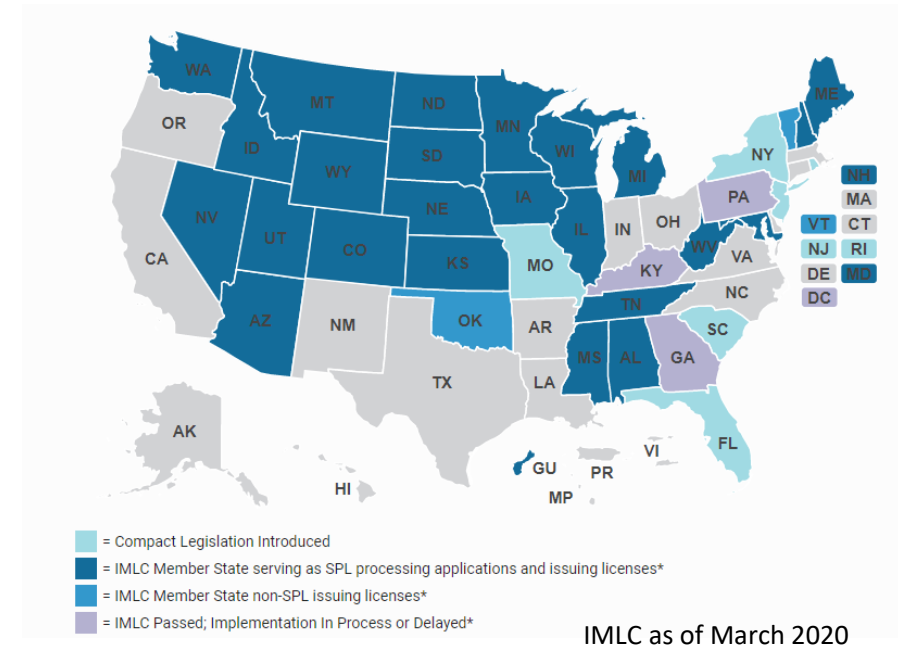
Telehealth Webinar

Claude J. Pirtle, MD, MS

Chief Medical Information Officer

West Tennessee Healthcare,

Jackson, TN

Current and prior telehealth climate

- Licensure and Credentialing
  - A physician must carry a valid license to practice medicine in the state in which the patient is located
  - License and scope of practice are state-level decisions
  - Interstate Medical Licensure Compact (Expedited Licensure Process)
  - Institutional Credentialing

= Compact Legislation Introduced
= IMLC Member State serving as SPL processing applications and issuing licenses*
= IMLC Member State non-SPL issuing licenses*
= IMLC Passed; Implementation In Process or Delayed*

IMLC as of March 2020

Telehealth

- ## Malpractice Coverage
    - Vary between insurance companies and specialties
        - Multiple state coverage
        - Choose cases wisely (Ex. Low acuity cases)
        - Can track telehealth policies at the Center for Connected Health Policy – http://www.cchpca.org/
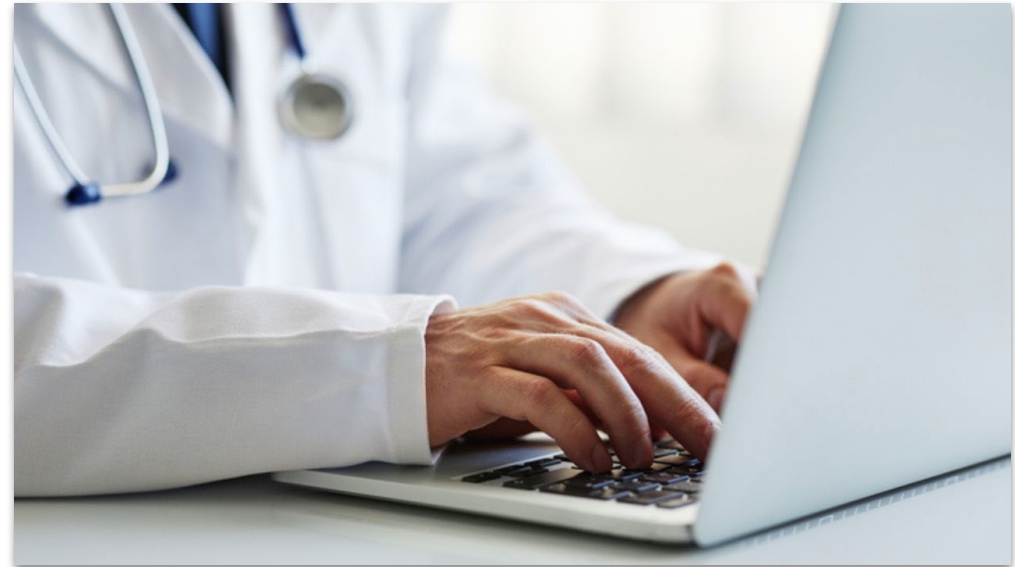
IMLC as of March 2020

Leveraging current video conference applications

- Compliance with HIPAA/Privacy when using Telehealth
  - Transmission of any personal health information (PHI) in electronic form
    - A system of secure communication with only authorized users should be implemented to protect the integrity of PHI
    - Must meet the same requirements as if service was delivered face-to-face

- Business Associate Agreements
  - Create a bond of liability that binds two parties
    - Anyone who maintains or transmits PHI on your behalf
    - Creates, Transmits, Receives, or Maintains PHI

Technology and Equipment

- ## Office for Civil Rights(OCR) at HHS
  - Not to impose penalties if technology is used in good faith
  - Acceptable for use – Skype for Business/Microsoft Teams, Zoom for Healthcare, GoToMeeting, Among others
  - Explicity listed not to use – TikTok, Facebook Live, Twitch, or similar video communication applications that are public facing
  - Multiple Vendors available to use…

Choose a vendor

Growing Telehealth Options – On-Demand Medicine

Source: THINK-Health curated list of telehealth companies, 24 September 2015

Practice logistics

- Video Platform
  - Electronic Health Record Integration vs Agnostic solution with a 3rd party

- Conferencing hardware
  - Technology solutions to have a candid bi-directional conversation
    - iPad/iPhone/Android device
    - Laptop/Personal Computer
   - Webcam

- Broadband considerations
  - Bandwidth minimum requirements would be at least 3Mbps/sec
    - Preferred > 30 Mbps down and > 10 Mbps upload
    - Robust Wi-Fi network

Practice logistics

- Important considerations during design and implementation
  - Clinical workflow should always be a top priority
    - Engage clinicians in workflow design
    - Do your best to ensure virtual workflows matches the in person workflow
    - Engage Finance, Scheduling, Admin as early as possible

- Piloting and Testing
  - Consider piloting with staff members initially and well known patients
    - Walk through case scenarios initially
    - Creation of easy to read and pointed instructions
  - Usability testing
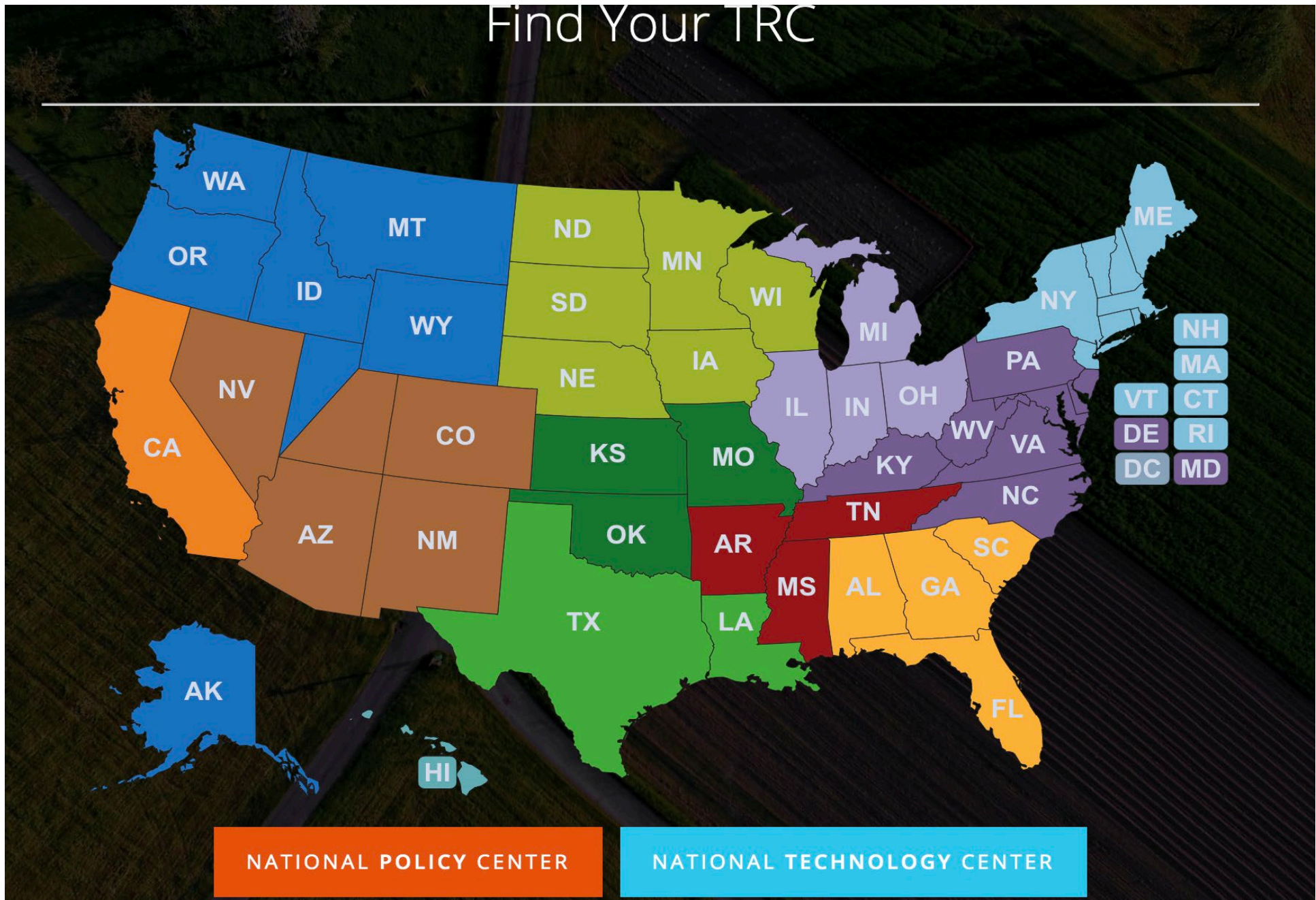   - Feedback from patients and staff

https://hospitalwarehousellc.com/physician-offices-ascs/
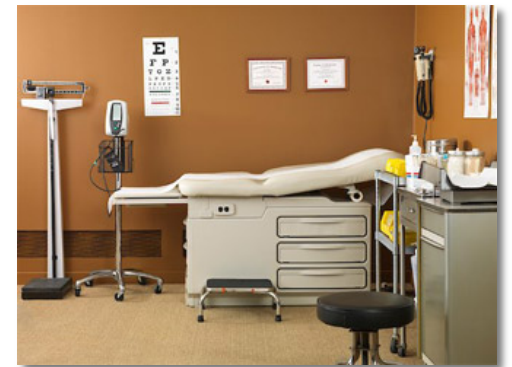
Thank You!

Look forward to your questions

Final Tips!

Find Your TRC

https://www.telehealthresourcecenter.org/

https://nrtrc.org

Resources

- Arizona Telemedicine Program

https://telemedicine.arizona.edu

- American College of Physicians

https://www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth

Improving Access to Quality Medical Care Webinar Series

Please check our websites for upcoming webinars and events

http://www.telemedicine.arizona

Your opinion is valuable to us.
Please participate in this brief survey:

https://www.surveymonkey.com/r/SWTRCWebinar

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