

# Telehealth Update

---

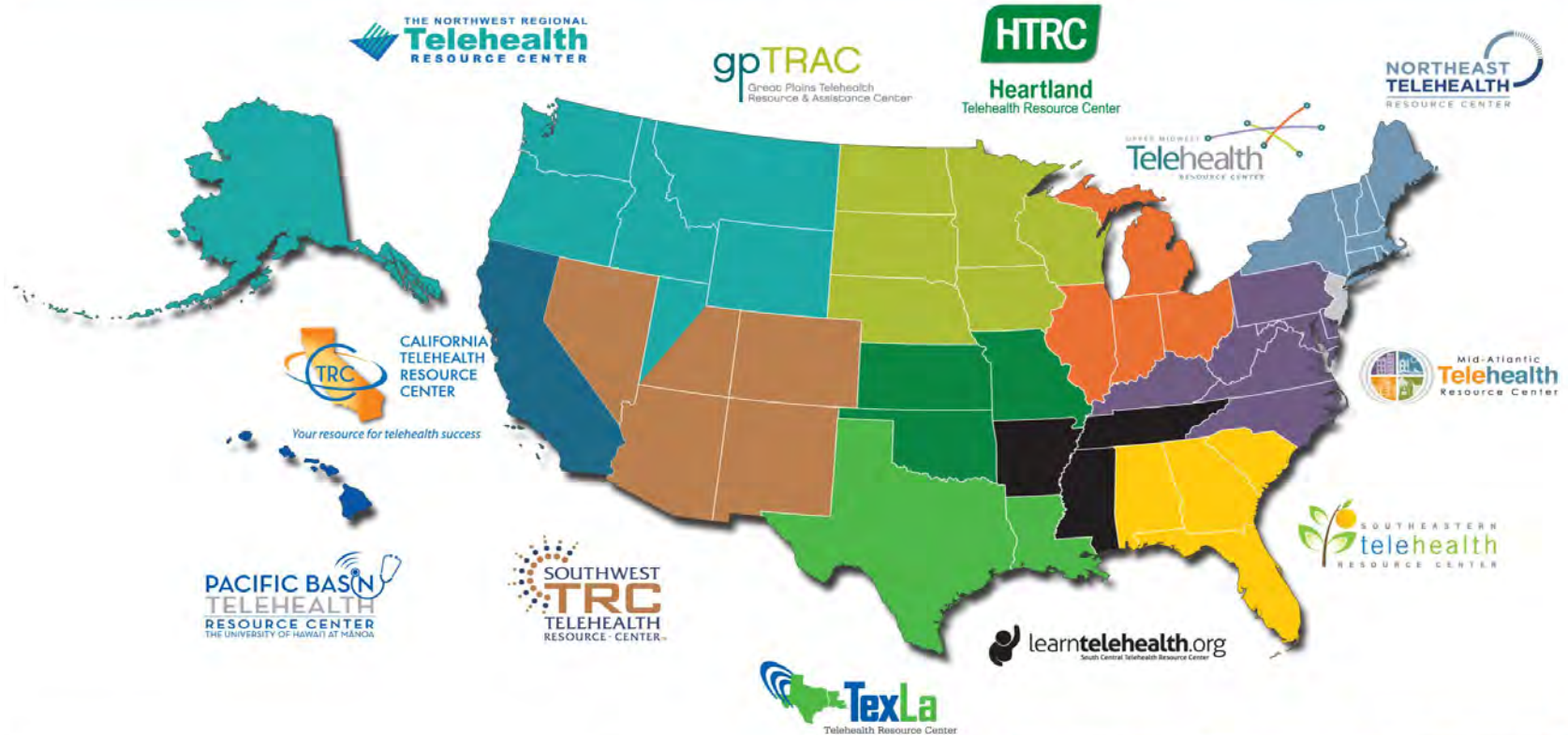
**Jonathan Neufeld, PhD**

June 10, 2020



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30357. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# TelehealthResourceCenters.org



**TTAC**  
TelehealthTechnology.org  
National Telehealth Technology Assessment Resource Center

**Center for Connected Health Policy**



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

# Resources

---

## Medical Practice:

[Covid-19: a remote assessment in primary care](#) (BMJ open access journal)

[Why the Telemedicine Physical is Better Than You Think](#) (Jud Hollander, MD, Jefferson Health)

[Telemedicine: Conducting an Effective Physical Exam](#) (JeffConnect CME course)

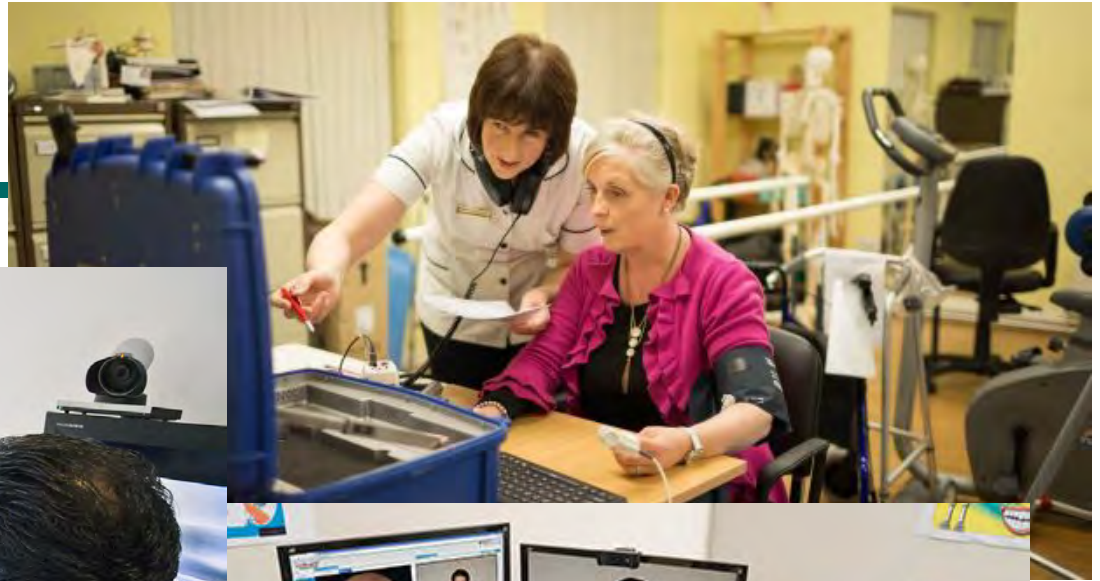
## Other Resource Lists:

[CMS COVID-19 FAQ \(35+ pages\)](#) AND [New Medicare MLN Guidance - April 30, 2020](#)

[www.matrc.org/](http://www.matrc.org/) (click on COVID-19 link)

[www.telehealthquickstart.org](http://www.telehealthquickstart.org) (Presentations with tips and other resources)

# TELEHEALTH



Great Plains Telehealth  
Resource & Assistance Center

# Four Domains of Telehealth

- **Hospital & Specialty Care**
  - Specialists see and manage patients remotely
- **Integrated Primary Care**
  - Specialists (often MH) integrate services into primary care environment
- **Remote Monitoring for Transitions and Maintenance**
  - Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment
- **Direct to Consumer Services (Primary/Urgent Care)**
  - Convenient access to needed/desired services; popular among younger, busier, and generally healthier patients

# Conceptual Framework

---

## TELEMEDICINE IS A DELIVERY MECHANISM, NOT A SERVICE

- Providers need no new certification or credentials
- All regulations apply equally to telehealth

# Regulatory Environment

---

## FEDERAL REGULATIONS

- All federal legislation covering healthcare
- Prescribing Controlled Substances (Ryan Haight Act)
  - In person visit required before prescribing controlled substances (or use consultation model)
  - Telemedicine exemption (undefined)
- Medicare (reimbursement)

# Regulatory Environment

---

## STATE REGULATIONS

- Licensing Boards (many are silent regarding telehealth)
- State laws/regulations regarding healthcare
- Medicaid (reimbursement)
- Commercial payer regulations (reimbursement)



# The Realities of Telehealth Billing

## 1. Telehealth Reimbursement Varies by Payer

- a. Medicare, Medicaid (each state), Commercial (each plan)

## 2. Telehealth Billing Policies Vary by Payer

- a. There is no “right way” to bill for telehealth
- b. There are many ways, one for each payer
- c. Some payers mimic Medicare; others don't
- d. CHCs/RHCs almost always have a completely different method (by state)
- e. Every payer is changing/adapting to current situation

# Cross-border Medical Practice (link - FSMB)

---

**Cross-border practice is regulated by the foreign states' licensing boards (and state governments)**

The Federation of State Medical Boards (FSMB) maintains a list of all states' current policies regarding cross-border practice. (link)

All of Wisconsin's bordering states temporarily allow cross-border practice

**For other disciplines (e.g., nursing, psychology, counseling, social work), see each state's licensing board website.**



# POLICIES

Informed Consent

Patient Appropriateness, Location & Safety

Broken Calls

Documentation

Emergencies

# Informed Consent

You must document patient consent for telehealth. It can be verbal (for now).

**Main reason:** It's a chargeable service, but wasn't before.

Important points to include:

Calls are not recorded.

What to do if the call drops (reconnect, or call this number \_\_\_\_\_).

There are confidentiality risks; how to minimize them.

Connect from a quiet, private, safe place, with minimal distractions.

Only use approved software and links provided.

The patient portal and video are not an emergency contact method.

# Patient Appropriateness

---

Document any concerns regarding the appropriateness of telehealth for this patient or at this time. Concerns may include:

- Difficulty using the equipment effectively
- Lack of access to adequate connectivity or private space
- Inability to collect necessary medical information from patient or perform an adequate exam
- History of or current difficulty managing patient behavior

**NOTE:** Clinical needs and/or urgency may outweigh concerns

# Emergency Procedures

---

## As part of the consent/initial session:

- Discuss emergency procedures and any foreseeable risks
- Collect numbers for local fire, police, and other emergency contacts

## In an emergency situation:

- Maintain contact and work to transfer care to appropriate onsite responders and/or caregivers
- Document the event and the transfer of care
- Make any mandated reports



# PROCEDURES

Front Desk/Medical Assistants

Opening Script

Presentation & Examination

Disposition & Follow up

Documentation

# Use Front Desk/MA Staff Effectively

---

- Allow front desk to schedule encounters, make initial connections, and then “transfer” sessions to providers.
- Front desk and MA staff may virtually “room” and orient patients.
- Develop a “supplemental technical support” pathway or resource for patients who have difficulty connecting.
- Deploy “on site ePPE” as needed
  - Provider in one room, patient in another (billed as a regular visit)
  - Patients on WiFi in parking lot (or at local business partner locations)



# Use An Opening Script

---

1. Hello [pt]. Can you see and hear me clearly? [Adjust for lighting, sound.]
2. As you know, I'm [Provider]. Can you confirm your name and date of birth for me, please?
3. Can you confirm your location, please?
4. Are you in a private place? Is anyone else in the room or within earshot?
5. Do you have any questions about the privacy of this call or anything else before we begin?
6. If we get disconnected, please reconnect using the same link. If that fails, I will call you at \_\_\_\_\_. Is that the correct number?

# Presentation & Examination

---

- Maximize capabilities provided in the Patient Portal (separate product or through EHR) to collect symptom information and/or complaints
- Use functional questions or other non-contact techniques to assess medical conditions (assume no ability to physically examine the patient)
- Recognize when a physical examination is required for the condition or presentation, and make appropriate arrangements for an exam
- If decisions are made with inadequate information due to urgency, document these decisions and reasons

<http://www.telemedmag.com/article/telemedicine-physical-better-think/>

# Documentation

---

## Document encounters as usual for the billing code, including ...

- Patient's location (“Home” is OK, as long as address is on file)
- Provider's location (“Clinic” or “Provider home, via secure clinic portal”)
- That the encounter was conducted via telehealth
- Encounter start and stop times
- That the patient consented (unless clearly documented elsewhere)
- Any other people or providers involved, including any presenters

**Optional...**Provide a reason for using telehealth (medical or otherwise)



# PRACTICE

## PRACTICE, PRACTICE, PRACTICE

Take some time to gain familiarity and comfort with equipment and software before your first “real” telehealth encounter. Debrief and compare notes if things don’t go as planned, or you need to adjust things.

## COMMUNICATE WITH COLLEAGUES AND WORK AS A TEAM

# EXPANDING TELEHEALTH SERVICES

Strategies

Platforms & Configuration

High Potential Services



# Implications & Strategies

---

- **“Telehealth/Virtual Care strategies”** have now become a critical part of your overall strategy
  - **Short term:** Get people seen
  - **Medium term:** Post-COVID overall practice patterns

**“We are all telehealth providers now.”**

# Near Term Considerations

---

## Billing and reimbursement will continue to settle unevenly

- Medicare will (attempt to) lead, hampered by political crosscurrents
  - The bulk of CMS's TH policies were enshrined in statute; in the absence of new telehealth legislation, there was a discernible movement at CMS toward defining new services outside the domain of traditional TH (Virtual Check-Ins, eVisits, CCM/CoCM)
- State payers will vary in speed and pattern of response
- Service models will coalesce around locally reimbursable “sweet spots”

# “Outside the Domain of Traditional Telehealth”



## “Telehealth” for Medicare means:

- Live video
- Originating site and distant site
- Fee for service reimbursement under Part B

## Non-traditional services include:

- Virtual Check-Ins
- eVisits
- \*CCM/CoCM

} No rural restrictions  
Few technology limitations  
\*No encounter-based billing



# Considerations for Strategic Planning

---

- TH regulations and practice will NOT return to the previous state, and the new policies will not be well defined (at least at first)
- Organizations that embrace telehealth will find their patients and providers readily adopt it and experience unforeseen benefits
- Equipment costs will be lower than expected; time/complexity costs will be buried in the general chaos of the coronavirus response
- Care pathways or “channels” will multiply (phone, text, photo, video) along with billing codes (CCM, eVisits, RPM, intra-practice, etc.)

# Patient Portals and Other Communication Channels

---

**The Patient Portal is CRITICAL. You need it to:**

- Set and confirm scheduled appointments
- Send links and passwords for video calls
- Collect patient information before a call
- Conduct an eVisit

**It should be easy to find, easy to set up, simple, clear, and USABLE.**

**You need ONE PLACE patients can connect with you and stay connected.**

# Website - Leading Patients In

---

**Enhance your website. Let patients know that you're there and you are responding appropriately.**

**Help them contact you.**

# Push Notifications via SMS (Texting)

---

Many texting companies are offering free introductory deals. Consider them as a way to reach out to patients.

Other “channels”:

- Outdoor banners
- Other community-based outreach channels

# Choosing Technology Platforms - The Spectrum

## Standalone Video

- Operates independently of your EMR
- “Dual systems” - video on one screen, EMR on the other (or split windows)
- Configuration and generating “meetings” left up to the user (provider); done via staff process or auto-generated

## “eVisit” Platforms

- Conducted via patient portal or separate eVisit platform
- Supports scheduling, text, images
- Separate from EHR, but may feed it or interact with it
- Support billing “eVisits” (per Medicare definition)

## Fully Integrated EHR

- All scheduling, communication, and texting within EHR
- Expensive & complex

# “eVisit” Platforms

---

**Dozens of potential products exist. Lots of confusion and non-standard feature sets. Necessary features include:**

- Patient portal (secure 2-way text communication)
- Image uploads
- Symptoms reporting/histories
- Signatures (informed consent)
- Scheduling
- (Optional) Live video calls

**Encounters using these platforms are billable as “eVisits” for Medicare**

# Evaluating Platforms

---

## Comparison Sites:

<http://telehealthtechnology.org/toolkit/clinicians-guide-to-video-platforms/> (TTAC)

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html> (AAFP)

<https://vsee.com/telemedicine-platform-reviews> (VSee)

[Mozilla Foundation - Video App Security](#)

**No “Consumer Reports” comparison exists**

# CONFIGURE YOUR SOFTWARE

- Enable encryption
- Use passwords
- Disable recording
- Control screen sharing
- Control chat (= PHI)
- Other optional settings

Assign IT + clinician to audit configuration settings and summarize/report on them

The screenshot displays the software configuration interface. On the left is a sidebar menu with the following items: Profile, Meetings, Webinars, Recordings, Settings (highlighted in blue), Account Profile, and Reports. Below these are links for Attend Live Training, Video Tutorials, and Knowledge Base. The main content area is titled 'Meeting' and includes sub-sections for Recording and Telephone. The 'Schedule Meeting' section contains three toggle switches: 'Host video' (checked), 'Participants video' (checked), and 'Audio Type' (set to 'Computer Audio'). The 'Join before host' toggle is checked. The 'Use Personal Meeting ID (PMI) when scheduling a meeting' toggle is unchecked. The 'Use Personal Meeting ID (PMI) when starting an instant meeting' toggle is checked.



# Home Monitoring

## RPM can be billed for any patient (during PHE)

- Added interface for provider
- Cost

## Limited (but useful) data:

- Oxygen Saturation
- Pulse Rate
- Steps/Falls (activity)



## Much more complex systems available

# Home Exams

## Patient initiated encounters

- Accuracy
- Cost (\$300 for pt; much more for Doc)

## Limited (but useful) data:

- Live images (ear, throat, skin)
- Stethoscope
- Temp

## Network business model



# Some General Considerations

---

1. **Services legally occur at the patient's physical location.** The provider must be licensed (and credentialed) to provide services at that location.
2. **Telehealth services are often more demanding** physically/mentally/emotionally than in-person care. Take breaks, slow down, debrief, adjust.

# Potential Technical Pain Points

---

## **Keeping encounters private (separate video products, only).**

- Ensuring each client/patient has a secure (unique) link
- “Locking” rooms; using passwords
- Using virtual waiting rooms

## **Providing technical support to clients/patients who have difficulty.**

## **Alternatives for patients with no cell phones, computers, or connectivity.**

# Contact



**Jonathan Neufeld, PhD**

[jneufeld@umn.edu](mailto:jneufeld@umn.edu)

(574) 606-5038

<http://gptrac.org>

<http://telehealthresourcecenters.org>