

Telehealth For Independent Physicians

Please join us for a webinar and Q&A discussion.

Date: Wednesday, May 13, 2020

Time: 12 PM - 1 PM

Zoom link: <https://uhtasi.zoom.us/j/99045840694>

Discussion topics include staffing, technology, space, workflow considerations, and introduction to tools and resources to help quickly transition to telehealth services, followed by a live question and answer session.



Speaker: COL Jennifer Mbuthia, MD

Graduated from Brown University for both undergraduate degree and medical school. Entered the US Army as a pediatric resident in 2000, and holds board certification in clinical informatics, allergy/immunology, and pediatrics. Has 10 years of experience doing tele consultations, and in 2016 served as medical director for the largest asynchronous tele consultation platform in the Department of Defense. She stood up the Department of Virtual Health/Telemedicine at Tripler Army Medical Center and served as the chief of the department until starting her transition towards military retirement.

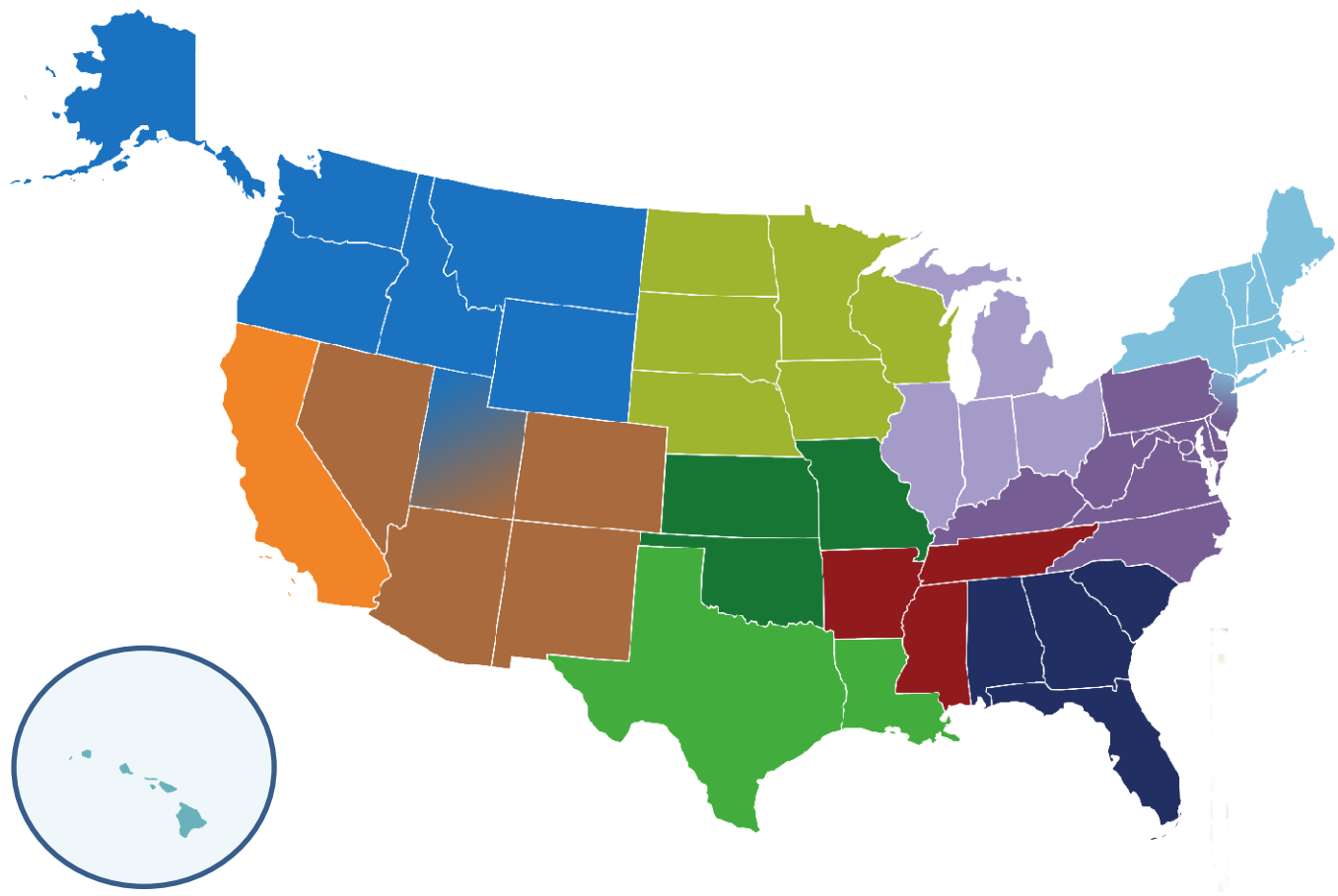


Funded by the U.S. Health Resources and Services Administration (HRSA) The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals



Nationals



FIRST POLL:

Who's on the call today?



Telehealth & COVID Response

Governor and Lt. Governor's Press Conference on Telehealth

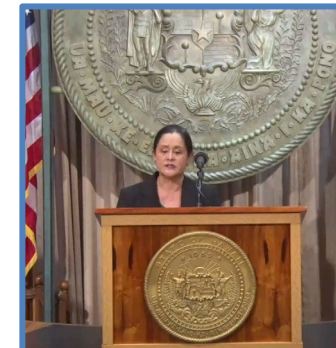
"Call before you Click"

- Continue to social distance
- Continue to receive care
- If appropriate use telehealth
- Call your doc first to find out



Keep Patient, Families, Staff & Providers Safe

- It is physical distancing
- Reduce unnecessary exposure
- Help with PPE inventory concerns



4/16/20

Surge in Telehealth

(Response to COVID)

- Queens – 40% increase in telehealth
 - HMSA - 300% increase on HMSA online, 400 mental health providers
 - Kaiser – 80% of total visits by telehealth
 - HPH – 50% of visit across systems, up from 10%
 - UH Hawaii Utelehealth Platform (AHEC)
-
- FQHCs, RHCs
 - Native Hawaiian Health Systems
 - Long Term Services and Supports
 - Independent Providers

Telemedicine Overview for Clinicians

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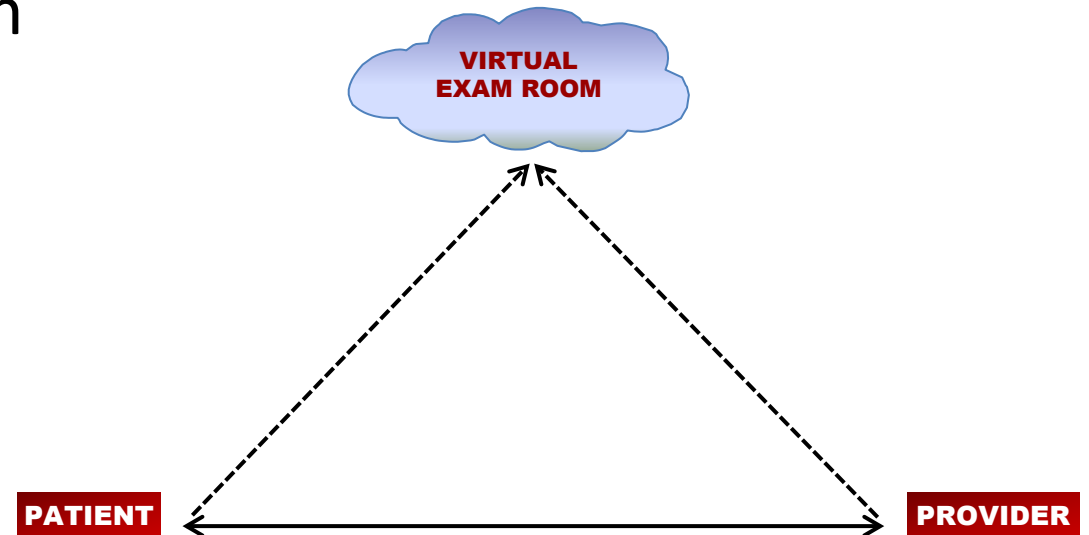
Assistant Professor of Pediatrics,
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Health Sciences, Bethesda, MD

Disclosures

- The views expressed are my own, and do not represent the views of Army Medicine, the Defense Health Agency, or the Department of Defense.

Telemedicine: Definition

- Telemedicine is the use of telecommunication technology to support evaluation, diagnosis, and/or management of patients by healthcare providers.
 - Originating Site: the patient location
 - Distant Site: the provider location



Categories of Telemedicine

- Synchronous
 - Real-time
 - Video or audio/telephone
- Asynchronous
 - Store and forward
 - Secure Messaging
 - Tele-radiology
 - Interprofessional Teleconsults (provider to provider)
- Remote Patient Monitoring
 - Utilizing a technology platform to monitor patient status
 - Examples include blood glucose monitoring
 - I will not be discussing RPM

Synchronous Telemedicine Models

- Hub and Spoke
 - Healthcare facility to facility
 - Involves nurse or healthcare tech at patient side (originating facility)
 - Ability to have a healthcare provider get vital signs or conduct some physical assessment “on behalf of” the distant site provider.
 - The encounter can apply to a patient located at a long term care facility
- Direct to Consumer
 - Telemedicine to the patient’s home or patient location

Telehealth Video Platforms: Considerations in Deciding Which to Use

- Cost (and any service obligations)
- Do you plan to continue encouraging telehealth visits after PHE has ended?
- Does the platform have a scheduling tool?
- Does the platform have a virtual waiting room?
- Is the platform device-agnostic?
- Is there a platform available that ties into your EHR?
- How “technology accessible” is your patient population?

Is the Patient Appropriate for Telehealth?

- New and Established Patients
- Patients can be in ANY location (home, non-rural communities, etc., which are normally excluded)
- Use telephone for first-pass screening
 - Does the patient need to go to ER or Urgent Care instead (e.g., chest pain)?
 - Does the patient need testing not available in your clinic (e.g., COVID, radiographs)?
 - Is this a straightforward problem that can be handled by telephone (e.g., discussing lab results, medication refill)?
 - Does the patient need a hands-on physical exam?
 - If answers to above are all no, then consider a telehealth visit
- **Does the patient have a smart phone (iPhone or Android), laptop, or desktop computer with webcam and audio?**
- Does the patient have internet access or a strong cellular signal? A data plan?
- Does the patient have an email address accessible on the device they will be using for telemedicine?

Patients to Consider for a Virtual Visit*

- Low acuity ambulatory
- Routine follow up or management of chronic conditions
- New patient intake
- Consider use of synchronous virtual visits to support inpatient care without medical provider having to risk possible exposure
 - Nutritionist
 - Pharmacy education
 - Family discussions on care updates
 - Social work counseling
 - Inpatient physician specialty consults (examples: infectious disease, endocrine, wound management)

*clinicians should only be practicing telehealth visits within scope of practice or in-person

What Can be Assessed in a Virtual Video Visit?

- General appearance
- Orientation and alertness
- Work of breathing and observed respiratory rate
- Developmental assessment (peds)
- Skin (skin tone, rash)
- Some ocular issues, oropharyngeal issues
- Basic neurologic examination
- Dysmorphic features
- Presence of bruising or visible swelling, comparison between sides/limbs

Vital Signs

- If patient or family member has a smart watch, can use to assess heart rate
- If patient has thermometer, can ask them to obtain temperature at start of visit
- Can ask patient to report their height and weight
- Some patients have home blood pressure monitors – should ask them to use just prior to visit
- If a home pulse oximeter is available can also use
- Respiratory rate can be observed

- Bottom Line: do what you can with what you have available on patient end

Documentation of Details is Key

- Detailed clinical history/HPI, and detailed description of assessment, plan, and education given to the patient is going to be biggest factor
- CMS is allowing physicians to select level of service/outpatient E/M using either time or MDM. Time is defined as all time associated with the E/M on day of encounter (including non-face-to-face time).
 - Document all face-to-face and non-FtF
 - Clinician does not need to use the level of PE
 - This is only clinician time – not staff support time spent with patient

Audio-Only vs Audio-Video

- The modality must be medically appropriate
- Circumstances that prevented a video visit must be documented
 - Patient lives in remote area and does not have internet access
 - Does not have access to smartphone technology
 - Patient is unable to use technology required for video visit
 - The issue cannot be a provider-side limitation (“This provider worked from home office where no internet was available”)

Audio-Only vs Audio-Video

- It is not apples to apples in every clinical situation
- Some clinical issues rely primarily on history, but others truly require a visual component
 - Pediatric patients
 - Dermatologic issues
 - Neurologic or some musculoskeletal issues
 - These limitations are particularly true in new patients (you do not have baseline understanding of their medical knowledge)

GETTING STARTED

Videos for Preparation

- For Patients: <https://youtu.be/Olgs6mMXt6U>
- For Providers: <https://youtu.be/Uoebxt2pwr8>



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Website Manner/Web-iquette

- Conduct the visit in an office/professional setting
- Avoid cluttered background
- Check proper lighting
- Prevent interruptions: silence phone, put sign on door to prevent interruptions
 - Close other applications that are not needed
- If working from laptop, you CAN use a tablet/iPad for the video component and use laptop for EMR
- Patients should be advised to have no other video streaming use of home internet/wifi
- Speak clearly and distinctly. When speaking, pause to allow for transmission delay
- At the beginning of Virtual Visit, verify patient with full name and DOB
- Verify telephone number and patient's PHYSICAL location
- Have an alternate communication plan in case of loss of audio/video connection

Virtual Visit Considerations

- Bandwidth
 - Close any applications that you do not need during visit
 - Patient education should advise patient to stop any other use of video/streaming by other household members during visit time
 - If working from home, limit other household members using wifi for video while you are doing virtual visits
- Set-Up From Home: if access to EHR requires VPN, that might slow down the video signal
- Consider using work laptop on VPN and then use a tablet or other video device set up next to laptop connecting through approved, secure, HIPAA complaint application for just the video

Preparing Your Healthcare Team

- Consider utilizing (or creating) a simple, role-based competency checklist for your clinic staff
 - A living document
 - Allows for cross-training within a clinic
 - Standardized, consistent on-boarding checklist for new employees (long-term)
- Standard Operating Procedures (examples to follow)
 - Clearly outlines staff roles/responsibilities, training requirements, IT requirements (hardware, software, etc) and basic scheduling algorithms
 - Establishes starting point for workflow
 - Review clinic template and adjust for in-person vs virtual appointments
 - Allows flexibility for multi-provider practices – outlines what patients each clinician is comfortable seeing virtually if there is variation in comfort levels

Potential Clinic Workflows for Telehealth Visits

On-Demand Patients

- Test connection may occur ahead of time, but actual connection for appointment done ad hoc
- Like a walk-in clinic
- Provider stays in same “virtual room” and patients are moved in and out
- MUST ensure virtual room is “locked”
- The URL does not change (personal meeting room)

Scheduled Patients

- Test connection ahead of time
- Each scheduled appointment/meeting has a unique URL
- Usually can start next virtual visit while current one is going on (visit screening can start before clinician is finished with current patient)
- Requires scheduling in EHR and video platform system

One Model for Packaging Different Physician Medical Areas (excluding behavioral health)



Primary Care

- Adult
 - Routine visits
 - Acute visits
- Pediatric
 - Well child checks
 - Acute visits
- Study/lab review or interpretation
- Counseling, education



Ambulatory Specialty

- Initial assessment
- Follow-up/chronic management
- Acute visits for chronic issue
- Procedural visits requiring hands-on
 - Pre-procedure counseling
 - Post-procedural follow up
- Studies or equipment-based procedures (echocardiogram, PFT, EKG, sleep study, retinal image, radiographs)
- Education (diabetes, asthma)



Ambulatory Surgical

- Pre-operative/Pre-procedure counseling/assessment
- Post-op/post-proc assessment, follow-up

Sample SOPs

Cardiology Consultation Telehealth Standard Operating Procedure

- 1) Purpose: To assign responsibilities, delineate requirements for the use of telehealth (TH) in healthcare delivery between Cardiology Group and established patients or new patients with an approved consultation.
 - a) Cardiology Clinic Referral Guidelines
 - i) The following in chart provided are the types of consults that are appropriate for Cardiology Telehealth

Diagnosis	SPEC Visit Initial	FTR Follow-Up	Equipment/Test/Supplies
All Cardiac Diagnoses	Pre-Consultation History Intake SPEC visit	Follow-up will need to be completed in-clinic with prescribed scheduled procedures.	Cardiology History Intake form Recent EKG completed and documented in EHR within 30 days of appointment and/or change in symptoms Full vital signs documented by PCP clinic within 30 days of TH appointment

- 2) Pre-TH Appointment Activities

Sample SOPs

Gynecology Telehealth Standard Operating Procedure

- 1) Purpose: To assign responsibilities, delineate requirements for the use of telehealth (TH) in healthcare delivery between ___ OB/GYN Clinics and New/Established patients.
 - a) OB/GYN Clinic TH Referral Guidelines
 - i) The following in chart provided are the types of consults that are appropriate for OB/GYN Telehealth.



Diagnosis	SPEC Initial Visit	FTR Follow Up	Special Request for
Initial Tubal Ligation or Essure Evaluation	Yes	Will be specified by Gynecologist	Interview only, no labs or studies
Initial Infertility or Reversal Evaluation	Yes	Will be specified by Gynecologist	Interview only, no labs or studies
Surgical Post-op Follow-ups	No	Yes, per Gynecologist	Gown or cloth drape may be needed for visit
Educational Classes, may be offered to certain patients and can be coordinated by nursing staff			



- 2) Pre-TH Appointment Activities
 - a) Originating site clinic
 - i) Provider places consult for OB/GYN Clinic
 - (1) In comments section, specifies telehealth consult and location
 - (2) Patient must have had pelvic exam and pap smear within ___ months prior to new appointment.
 - b) Distant site clinic
 - i) Reviews incoming consults for TH eligibility
 - (1) Must ensure that requisite labs, tests, and imaging studies are ordered/completed prior to approving for TH
 - ii) Clinic scheduler
 - (1) Schedules
 - (a) TH Cart Reservation on Medshare site

ENT Telehealth Standard Operating Procedure

- 1) Purpose: To assign responsibilities, delineate requirements for the use of telehealth (TH) in healthcare delivery between ENT Clinic and new/established patients with approved consults within the last 180 days.

a) ENT Clinic TH Referral Guidelines

- i) The following in chart provided are the types of consults that are appropriate for ENT Telehealth.



Diagnosis	SPEC Initial Visit	FTR Follow-Up	Equipment/Test/Supplies
Tonsillitis	Yes	Yes	Otoscope image if available
Chronic Otitis Media	Yes	Yes	Otoscope image if available
Hearing Loss	Yes- patients preferably have an audiogram prior to TH appt	Yes	Audiogram if available Otoscope image if available Imaging if done
Deviated Nasal Septum	Yes- prefer imaging prior if available	No -Possibility of splints or packing that needs to be removed	Otoscope image if available
Sinusitis	Yes with history of prior 2 courses of antibiotics with second course broad spectrum. CT of the sinuses if available.	Yes-Medical TX No -Surgical Tx : May need sinus cleanout procedure in clinic	
Dizziness	Yes only if already evaluated by neurology, or PCP has completed thorough hands-on neurology	Yes if ordered by consulting physician	

Sample SOPs

Vestibular Vertigo	No- Initial testing that is difficult to assess by TH	Yes if ordered by consulting physician	
Neck/Facial Mass	No- Needs possible US and biopsy	Yes if ordered by consulting physician	Needs possible US and biopsy
Facial Fractures	Yes-If radiology images are available	Yes if ordered by consulting physician	Imaging-CT of the face if available
TM Perforation	No	No- Initial post surgical appointment as packing may need to be removed	
Cholesteotoma	No	Yes – for post-op appointment only	Otoscope image if available
Nasal Polyps	Yes- imaging preferred but not required	Yes-Medical TX No –Surgical Tx unless pre-op counseling only	
Misc	Contact ENT		

2) Pre-TH Appointment Activities

- a) Originating site clinic
 - i) Provider places consult for ENT Clinic
- b) In comments section, specifies telehealth consult and location
- c) Distant site clinic
 - i) Reviews incoming consults for TH eligibility
 - ii) Clinic scheduler
 - (1) Schedules
 - (a) TH Cart Reservation on Medshare site
 - (b) Distant Site SPEC/FTR Appointment
 - (2) Emails patient
 - (a) Confirmation of appointment and "New Patient Intake Form" or "Pediatric New Patient Intake Form". Patient can send form back to scheduler or bring completed to

DOCUMENTATION

Informed Consent

- Required by some states for audio and video telehealth appointments (*Hawaii does not require IC for video visits*)
- Follow on slides have suggested verbiage
- Document that the patient was informed of limitations, and the clinic performed appropriate checks (right patient, patient location and phone number)
 - Best practice is to inform the patient of privacy risks, **especially if you are using a non-HIPAA compliant telehealth platform like Skype.**

Telephone Only (EXAMPLE)

- This visit was completed via telephone due to the restrictions of the COVID-19 pandemic. All issues as below were discussed and addressed but no physical exam was performed due to the limitations of an audio-only modality. If it was felt that the patient should be evaluated in clinic or in an emergency room setting then they were directed there.
- Patient identification was verified at the start of the visit, including the patient's telephone number and physical location in case of emergency. Patient verbally consented to visit and demonstrated an understanding of the limitations of this virtual visit.

Virtual Video Visit (EXAMPLE)

- This visit was completed as a virtual video visit using a synchronous, two-way, audio-video telehealth technology platform. Due to the restrictions of the COVID-19 pandemic, a virtual appointment is the preferred method of medical assessment whenever possible. All issues as below were discussed and addressed. Due to the nature of a video-only modality, the only components of a physical exam that could be done are the elements supported by direct visual observation. If it was felt that the patient should be evaluated in clinic or in an emergency room setting then they were directed there.
- Patient identification was verified at the start of the visit, including the patient's telephone number and physical location in case of emergency. Patient verbally consented to visit and demonstrated an understanding of the limitations of this virtual visit.
- The patient was informed about any applicable payer billing including co-pays for telehealth visits.

****Document the Distant Site (provider location) and Originating Site (patient's physical location during appointment)**

Considerations for Residents & Virtual Precepting

- Telemedicine is a tool the **ACGME has approved during COVID-19** crisis to continue education and training (was planned for integration into curriculum in July)
- Patient still needs to be informed they are being seen by a resident.

Outpatient supervision with GC modifier

- This patient was seen as a telemedicine appointment using a virtual video platform. I concurrently monitored the resident while they conducted the visit, and I personally reviewed and evaluated the patient as well. I agree with the resident's note.

Outpatient supervision with GE modifier

- This patient was seen as a telemedicine appointment using a virtual video platform by the resident while under my supervision. I reviewed the pertinent/available medical records, and I reviewed the resident's evaluation, assessment and plan.



**DISCUSSION, THOUGHTS, CLINICAL
EXPERIENCES TO SHARE?**

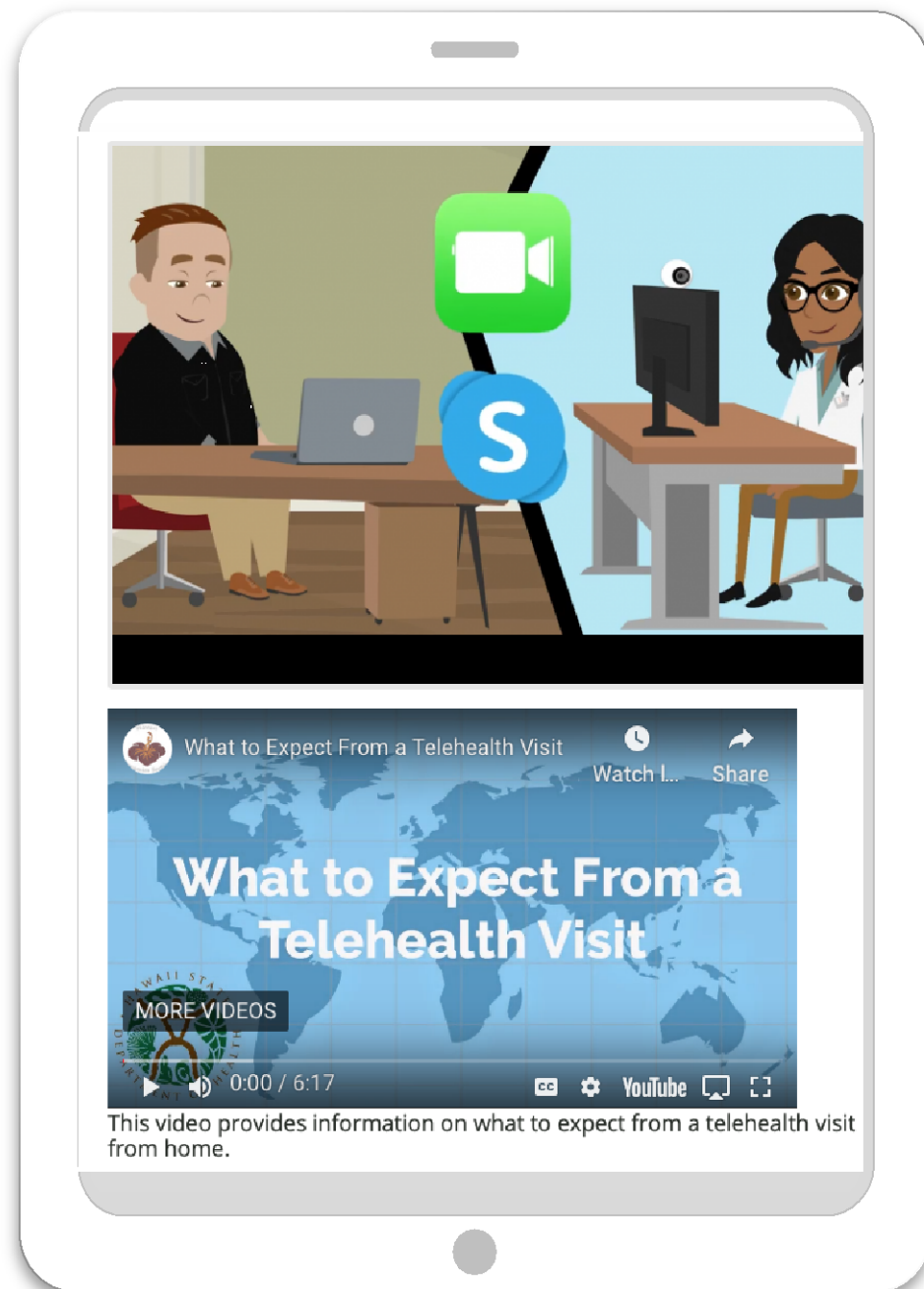
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➤ Patient Resources

- What is telehealth
- How to get a telehealth visit
- What to expect
- What does telehealth cost

➤ Provider Resources

- Telehealth Billing and Reimbursement Policies
- Quick start guides
- Best Practices Video



FINAL POLL:

Feedback for Future
Training Session

