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Telemedicine & Virtual Services to Enhance Access and Improve Care

February 18, 2020

2:00 – 3:15 pm

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Upcoming Sessions

- **Mastering the Techno-Human Aspects of a Telehealth Visit**
- **Date: Mar 18, 2021 2:00 – 3:15 pm**
- **Tele-Visit Tutorial for Patients, Families and Caregivers**
- **Date: Apr 15, 2021 2:00 – 3:15 pm**
- **The Future of Telehealth**
- **Date: Apr 28, 2021 noon - 2:00 pm**

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Utah Geriatric Education Consortium (UGEC) UtahGWEP.org

- Interprofessional education/training program
- Housed in the University of Utah College of Nursing
- Funding: Health Resources and Services Agency (HRSA) Geriatric Workforce Enhancement Program (GWEP)
- To increase the knowledge about aging in the community and long-term services and supports workforce

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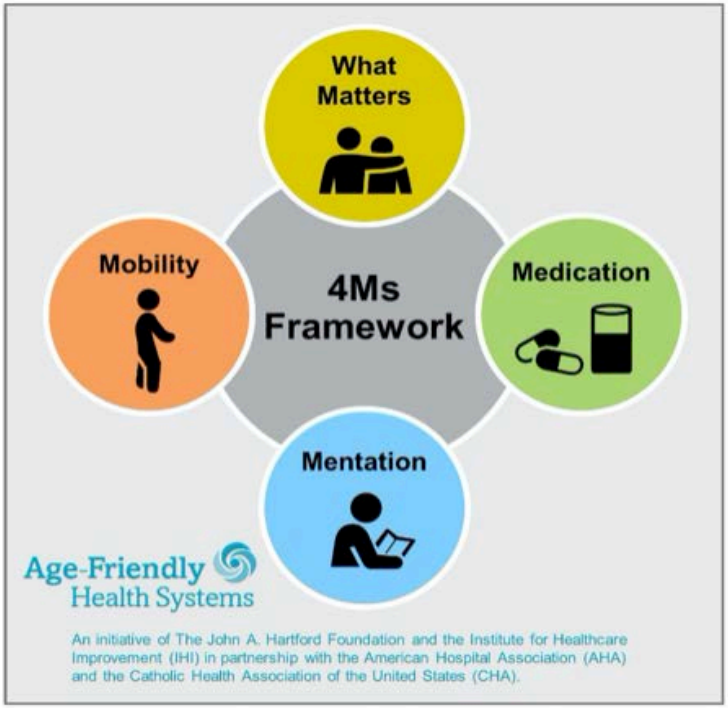
The 4M's of Age Friendly Health Systems



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

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Disclaimer/Consent

- This session is being recorded.
- The recording and slides will be emailed to all registrants and attendees.
- It takes a few days to render the recording link to a YouTube link ☺

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Introductions - CHAT

- Name
- Role
- Organization
- Are you using telehealth? Feel free to add additional details about what you're doing!
- Add if you're a student!

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Continuing Medical Education (CME) & Funding Disclosure

- In compliance with the ACCME/NMMS Standards for Commercial Support of CME, Trudy Bearden and the planning committee members – Adrienne Butterwick, Sara Phillips and Trudy Bearden – have been asked to advise the audience that they have no relevant financial relationships to disclose.

"This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $90,625 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

Comagine Health is accredited by the New Mexico Medical Society to provide continuing medical education for physicians. Comagine Health designates this ECHO session for maximum of 1.25 *AMA PRA Category 1 Credit(s)* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Today

- Overview of telemedicine and virtual services
- 1 hour and 15 minutes
  - Didactic session ~25 minutes
  - Case presentation ~ 25 minutes
  - Q & A and discussion ~ 10 – 15 min

All Teach – All Learn

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Objectives

- Articulate the difference between telehealth and virtual services
- Appreciate the full range of remote services for health care service delivery specific to long-term services & supports (LTSS)
- Embed improvement science in your telehealth journey

Telemedicine Options for LTSS

- Telehealth – Medicare, Medicaid, other insurers
- Telephone Evaluation and Management (E/M) (only during PHE)
- Virtual Communication Services: virtual check in and remote evaluation of pre-recorded patient information (new codes for 2021)
- E-visits – Online Digital Evaluation Services
- Chronic and principal care management
- Behavioral health integration and CoCM
- Interprofessional consultation
- Remote physiologic monitoring

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Home health and hospice: CMS encourages the use of telehealth and telecommunications technology if feasible and appropriate. Must be included in plan.

Home Health and Hospice Services

- CMS encourages the use of telehealth and telecommunications technology if feasible and appropriate. Must be included in plan.
- Required face-to-face (FTF) encounter for home health can be conducted via telehealth during the public health emergency. Same for hospice FTF requirement but additional documentation is required.
- Only in-person visits (with the exception of social work telephone calls for hospice) can be reported on claims.
- However, outside of the home health and hospice benefits, there may be additional options…

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COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf . Updated Jan 7, 2021

Telehealth Services – Discrete Set of Services

Pre-PHE: Must use an interactive audio and video telecommunications system that permits real-time communication between the clinician at the distant site and the beneficiary at the originating site

Distant site
THE HUB
Where the clinician is at the time the telehealth service is provided

Originating Site
THE SPOKE
Where the patient is at the time the telehealth service is being provided

[CMS Telehealth Services Booklet]

Originating Site Fee
Q3014 → $27.02
Not UT Medicaid & not for patients' home

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“Breaking” News

- Norris Cochran, current Acting Secretary of Health and Human Services, indicated in a Jan 22, 2021 letter to state Governors that the Department intends to **extend the declaration of a Public Health Emergency (PHE) through at least the end of 2021**.
- “Among other things, the PHE determination provides for the ability to streamline and increase the accessibility of healthcare, such as the practice of telemedicine.”

https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf

CMS Waiver for Nursing Home Residents

Waiving the requirement for physicians and non-physician practitioners to perform in-person visits and allow visits to be conducted, as appropriate, via telehealth options.

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[COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) as of Apr 15, 2020

CMS 1135 Blanket Waivers Related to Telehealth

- Waives requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state (must meet four conditions).
- Allows clinicians to render telehealth services from their home without reporting home address on their Medicare enrollment while continuing to bill from their currently enrolled location.
- Allows Medicare beneficiaries in all areas of the country to receive telehealth services, including in their homes.

Other COVID-19 Telehealth Changes

- HHS Office of Inspector General (OIG): flexibility for clinicians to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.
- HHS Office for Civil Rights (OCR): No penalties for violations of HIPAA that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

Virtual Services in LTSS Settings – Why?

- Keep residents out of ED/hospital
- Control exposure to and risk of infection
- Expand access to care
- Include health proxies, family and others in crucial conversations
- Promotes nursing staff working at the top of scope
- Less disruption to residents and staff – transport!
- Reduce use of personal protective equipment
- Increase staff, resident and family satisfaction
- Capture revenue

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What Gets in The Way of Virtual Services?

- Connecting to begin with! Wrong link, unfamiliar process – how to work the “controls”
- Low or slow bandwidth/connection
- Lose some important nonverbal language and cues – if no video cannot see distress, tears, etc.
- Hearing and listening can be harder
- Feels awkward
- Video may be glitchy, echoing
- Audio may be hard for those with hearing aids

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What Are You Doing or Could Do To Support?

- Prepare resident - reason for visit, vitals, concerns
- Serve as scribe for clinician
- Include health proxy/family
- Cheat sheet for clinician offices – who does what and how?
- Remind resident of their questions
- Repeat information for the resident
- Take/send pictures (if secure and encrypted)
- Confirm orders/treatment plan
- Ensure understanding of resident, family member

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Why Might We Consider This and What's In It For Us and Our Residents/Clients?

- 99307-99310: Subsequent Nursing Facility Care – used by physicians to report federally mandated and other medically necessary visits.
- Advance care planning
- Care Planning for Patients with Cognitive Impairment (Q180 days $265)
- PT/OT
- Diabetes Self-Management Training
- Behavioral health/psychiatric
- Share images (e.g., decubitus ulcer)
- Specialty consults

- Nursing Facility Services (Codes 99304 - 99318)
- "A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)" https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

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Telehealth Services

State Medicaid Agencies and Private Insurers

- Tend to follow CMS with regard to the set of allowable codes
- Payment parity – often lower reimbursement than in-person visits (Medicare reimburses at same rate, although this may change)
  - During the PHE, several have bumped up payment to ensure parity
- Consent for telehealth services seems to differ dramatically by state
- Even prior to PHE, not all Medicaid agencies required audio portion

Telehealth Services

SERVICE DETAILS
New and established Evaluation & Management (E/M) visits (nine codes)
Advance care planning 30 min AND additional 30 min
Transitional care management – 7 days and 14 days
Initial and subsequent annual wellness visits
Medical nutrition therapy (MNT) – individual and group
Diabetes self-management training (DSMT) – individual and group
Chronic kidney disease patient education – individual and group
Prolonged service codes
Treatment for opioid use disorder (three codes)

Consent - Medicare

- Medicare: requires beneficiary consent — verbal or written — for telehealth and other virtual services as well as notification of any applicable cost sharing, including potential deductible and coinsurance amounts. Consent must be documented in the patient's medical record.

Consent – Utah Medicaid

- Additional fees for telehealth services, if any, and how payment is to be made for those additional fees if they are charged separately from any fees for face-to-face services provided to the patient in combination with the telehealth services;
- To whom patient health information may be disclosed and for what purpose, including clear reference to any patient consent governing release of patient-identifiable information to a third-party;
- The rights of patients with respect to patient health information;
- Appropriate uses and limitations of the site, including emergency health situations;
- The following information:
  - Affirming that the telehealth services meet industry security and privacy standards, and comply with all laws referenced in Subsection 26-60-102(8)(b)(ii);
  - Warning of potential risks to privacy notwithstanding the security measures;
  - Warning that information may be lost due to technical failures, and clearly referencing any patient consent to hold the provider harmless for such loss; and
  - Disclosing the website owner/operator, location, and contact information.

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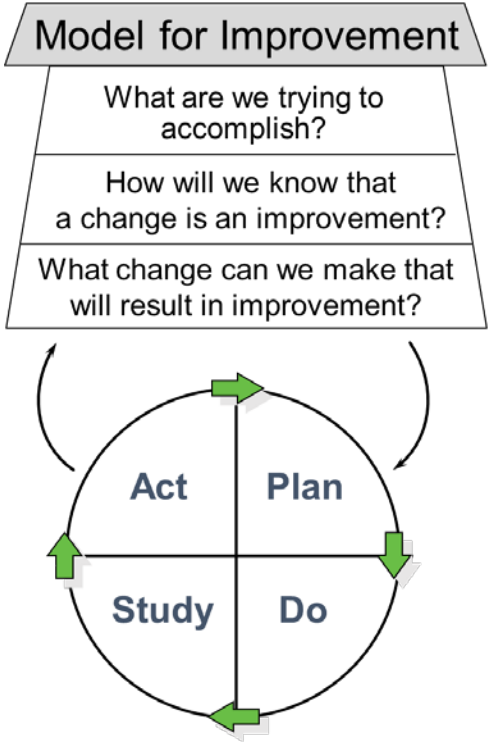
Source: Utah Administrative Code R156-1-602. Telehealth - Scope of Telehealth Practice. Accessed 2020.11.08

Quality Improvement and Measurement

- In-person vs. telehealth (A/V) vs. audio only vs. other virtual services
- No show rates
- Quality measures
- Patient/staff experience/satisfaction
- Cycle times



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Quality Assurance

- How do we ensure all patients receive the same high value of service regardless of gender, race, insurance, clinician, etc.?
- What is your “telehealth perspective”?
  - Effective modality for health care service delivery
  - Not a stop-gap during the public health emergency
- Training

Takeaways

- Telehealth and virtual services are
  - Nothing new – just another modality to deliver services
  - An awesome option for long-term and post-acute care facilities
- Know the full range of options and operationalize what's best for you and your residents/clients
- Figure out the best way to facilitate telehealth and other virtual services
- Measure. Improve. Measure

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Questions?

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Poll Questions

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Progress…

- ✓ Didactic session ~25 minutes
- Case presentation ~ 25 minutes
- Q & A and discussion ~ 10 – 15 min

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Case Presentation

Mrs. Andrews an 89-year old resident of a skilled nursing facility with mild cognitive impairment, hearing loss and diabetes. Her family is spread across the United States, and her daughter who lives in rural Virginia serves as her main healthcare proxy. In preparation for an upcoming appointment, the resident care manager has noticed her advance directive (AD) is out of date.

Questions

How can telehealth be leveraged for Mrs. Andrews?

- What would a virtual visit look like for Mrs. Andrews? What needs to be considered regarding her cognitive impairment?
- What steps would staff need to take to prepare for a virtual visit?
  - What person/role is best situated for setting up a virtual visit in a facility/your facility?
- How can her healthcare proxy be incorporated to this process?
- What are the special considerations regarding advance care planning (ACP)?

What are some concerns about this case?

Progress…

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Facilitated Discussion

- Currently planning for and/or using telemedicine?
- What technologies are you using (or plan to use)?
- Did you start using telemedicine during COVID-19 outbreak or before?
- Best benefits?
- Biggest challenges?

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Mastering the Techno-Human Aspects of a Telehealth Visit

Mar 18, 2021 2:00 – 3:15 pm

- Walk through a telehealth visit from scheduling to follow-up, capturing best practices along the way specific to how telehealth is received in LTPACs, assisted living or the home health setting
- Explore leverage points for nurses and other staff to optimize key elements of the telehealth visit from initiation, patient preparation and documentation to care plans and effective/safe communication
- List best practices to ensure safety, quality and patient/staff experience
- Up your game by deploying quality improvement and quality assurance strategies, building on the previous session.
- For more information contact Adrienne Butterwick at abutterwick@comagine.org

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