COVID-19 Telemedicine Implementation ECHO

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Tele- Terminology (Texas)

Telemedicine: Diagnosis and treatment, only physicians, PAs, and APNs

Telehealth: All other licensed health professional services

Telemonitoring: collected patient data is provided to a health care provider (often a physician or physician lead team) with health care decisions made based on that data

Live: interactive audio/visual connection with the patient

Store and Forward: static information is given to the provider who provides services without simultaneous interaction with the patient

There is no national agreement on terms, though there are efforts in this area.

Could I do this if it wasn't telemedicine?

Licensing

Credentialing

Standard of care

Payment

UT Health San Antonio | Project ECHO — UT Health San Antonio

Licensing & Credentialing

The care occurs where the patient is located.

A license is almost always required:
◦ Physician Compact
◦ Consulting Exceptions

Credentialing is also a consideration:
◦ Expedited processes for Joint Commission and CMS

Covid 19 Exceptions
https://imlcc.org/

http://www.fsmb.org/advocacy/covid-19/

https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/entry/54093

Requirement	Covid19	Normal
HIPAA	"Enforcement discretion" but encourages warning & doesn't approve all services	Written acknowledgment prior to initiating treatment & private connection (BAA)
Consent	Waived via TMB, but best practice would be documentation of oral consent	Written consent prior to initiating treatment
Prescribing	Waived via DEA & TMV	Must have prior in person visit to prescribe scheduled drugs (DEA) & for chronic pain (TMB)
Technology: Medicare	Location requirements are waived via HHS Secretary (not all)	Live video & audio, with strict geographic, patient location, and provider requirements.
Medicaid & Private Pay (TDI)	Must pay same rate as in person for any allowed platform if a covered service	Must pay for video telemedicine if a covered service
Private Pay (ERISA)	Discretionary, but may cover things during this time	Discretionary

Links

HIPAA: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf

TMB: http://www.tmb.state.tx.us/page/coronavirus

DEA: https://deadiversion.usdoj.gov/coronavirus.html

CMS: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

TDI: https://www.tdi.texas.gov/news/2020/coronavirus-updates.html

HHSC: https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information

Technology Considerations

Oliver Black

Telemedicine From the Home for the Provider

o PC Needs

o Auxiliary Equipment

o Network Requirements

o Room Requirements

Provider Station

- Laptop or PC with HD Display

- I7 Quad Core Processor

- 8GB RAM

- 256GB SSD

- Built in Camera

- Video Conferencing Software

- Tablets or smart phones may not function well unless in a stand that holds them still.

Provider Station

- **Audio Speakerphone**
  - Built in Volume Controls
  - USB interface
  - Plug in headphones with no annoying popup on PC screen
- **Headphones**
  - 20-20Khz frequency response

Network Requirements

- Wired ethernet 100/FDX minimum (not wireless)
- 1Mb Up/Down clear data path to internet (minimum call is 768K plus overhead packetization)
- Private (do not use public networks)
  - DSL – Test – Asynchronous Up/Download Speeds can cause issue.
  - Cable Modem – should be fine
  - Satellite – Test, latency is usually poor (delay)

Room Requirements

o Private – Door locked or family members old enough to understand.

o Put up an ON-AIR sign on the door knob.

o What is behind you?
A blank wall is best. Maybe a logo of institution

Room Requirements

- Acoustics:
    - Ambient sound level should be no more than ideally 50db, preferably around 40 db.
        - Measured with HVAC active.
    - Measure with sound meter or app in smart phone (e.g. Sound Meter)
    - Room should be have solid walls to ceiling and acoustic insulation (*With dropped ceilings, verify solid walls to ceiling*)
    - Conversations inside the room should not be heard outside the door. If so, sometimes a white noise generator, placed outside the door can be used.

    - Sound Meter

Room Requirements

- Lighting
  - Lighting should be minimally 800 lux, preferably 1000 lux.
    - Measure with a light meter or app in smart phone (e.g. Lux Light Meter).
  - No flickering (high frequency ballasts desired)
  - Walls painted light neutral colors (white, beige…)
    - Dark or bright colors reflect their color and may tint image.
  - Windows covered with curtains, blinds or some covering
    - Cuts out bright spots, reflections and is a failure to do so is a HIPAA compliance issue.
  - No windows behind you!
  - No ceiling fan behind you!
  - Lighting from front is important to highlight your face, but not wash it out.

  - Lux Light Meter App
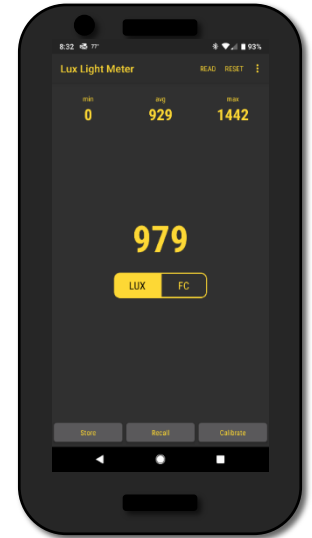
Patient Care Aspects of Telemedicine Implementation

Waridibo Allison MD PhD

Patient perspective

- Communication prior to initial telemedicine visit is key

- How telemedicine affects their care – reassure on quality

- How telemedicine differs – if no physical examination state that

- Reassure of temporary nature "hopefully by the time we have our next routine visit I will see you in person."

- Communicate where you expect the patient to be when you contact them by phone or video conference

- Respect the scheduling – call when you said you would call

Maintain professionalism

- Particularly important if on video conference
- Adequate lighting
- Be aware of your background
- Appropriate clothing
- Rate and clarity of speech
- Pausing to let client/patient speak – especially for phone calls as no visual cues so ask frequently "Any questions or concerns?"
- Be transparent with any unavoidable issues with working from home unexpectedly

Documentation - 1

Write a protocol!

- Usual documentation of consent for telemedicine is waived

- Documentation detail affect billing in the same way as in person encounters

- Important: location of patient & providers, length of time of consultation

- Level 3 and 4 reimbursements must be based on time rather than physical examination

Documentation -2

- Telemedicine provider assessments should include as applicable
- ➤ Differential diagnosis
- ➤ Active diagnosis
- ➤ Prognosis and risk & risk reduction
- ➤ Benefits of treatment
- ➤ Instruction
- ➤ Compliance/adherence
- ➤ Coordination of care with other providers

Billing

- CMS has relaxed its usual telehealth billing rules

- In TX can bill for phone visits >> it does not mean that you will get paid (Medicare, private insurance)

- Office E&M codes can be used depending on documentation – e.g. 99213 or 99214 with the appropriate 95 telemedicine modifier

Billing Codes

Telehealth visit for a non-COVID-19 patient
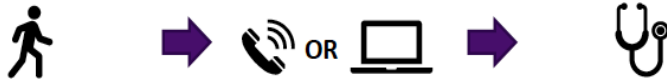
Action	Communication method	Patient assessed: E/M telehealth, telephone assessment (*Flexibility: Permit audio only for E/M telehealth*)	
Who is performing		Physician / QHP	
Applicable CPT Code(s)	**Audio** *or* **Audio/Video**	*New Patient: E/M Telehealth**	
		99201 99202 99203 99204 99205	
		*Established Patient: E/M Telehealth **OR** Telephone Evaluation (independent of E/M)**	
		99212 (typical time 10 min)	99441 (5-10 min)
		99213 (typical time 15 min)	99442 (11-20 min)
		99214 (typical time 25 min)	99443 (21-30 min)
		99215 (typical time 40 min)	
Applicable ICD-10 codes		Report relevant ICD-10 code(s) related to reason for call or online interaction	
Place of Service		02 Telehealth	
Notes		*Payors may require the use of Modifier 95 for telehealth services	

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Wellness: Patient & Provider

- Unprecedented stressful times for both patient and provider

- Consider screening for anxiety and depression

- Anxiety – GAD-2 >>>> GAD-7

- Depression – PHQ-2 >>> PHQ-9

Questions?