COVID-19 Telemedicine Implementation ECHO

April 6, 2020

Waridibo Allison MD, PhD: Assistant Professor/Infectious Disease, Medical Director, San Antonio AIDS Foundation

Mari Robinson JD: Director, UT System Virtual Health Network

Oliver Black: IT Expert, UT System Virtual Health Network

Regulatory considerations

Mari Robinson JD: Director, UT System Virtual Health Network

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

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

Telemedicine Technology

Oliver Black: IT Expert, UT System Virtual Health Network

What is and isn't necessary

Desired –
- Standards Based (ITU SIP and H.323)
- Ask this question (What other vendors video systems can you connect to?)
  - If the answer is "none" or "we don't allow that", move on to another provider.
- No fees for connecting to other external entities
- Encryption (video, audio and control)
- Direct Connections (Site to site)
- Use your video conferencing staff
- Far End Camera Control – Gives the provider more control

Not Desired
- Software that you already have.
  - EMR or EMR interface
  - Patient Check In software (you have an EMR that does that, right?)
  - Live streaming of normally asynchronous medical tests
- Add-on peripherals you will never use (oh, but wait, maybe?!)
- Difficult user interface

Considerations for Telehealth vs. Specific Telemedicine

Get the right tools
- Purchase peripherals the providers and staff know, vs what the vendor carries.
- Play with the peripherals and verify they are easy to use and give you imaging needed
- What does the provider need? ASK THE PROVIDER!

Image quality
- "High Resolution" means nothing
- "High Definition (HD)" needs more definition
  - 4K – Will your video device handle it? Will your network handle it?
  - 1080p – Full High Definition 1920x1080 image
  - 720p – High Definition 1280x720 image
  - 480i – Standard Definition 720x480 image

Recommendations on choosing a telehealth platform

- What else is your campus using?

- Does it fit your needs?

- Use it!

- Support? Can/will your staff support it?

- How long have they been around?

- Ask for a demonstration for a few weeks
  - Demo for you and others…
    - Providers
    - Tech Staff

Tips on working with vendors?

Don't settle on the first person.

Be aware of overselling.

Use your video conferencing staff

Think of used car salesmen...

Support after the sale...

Shopping for Bandwidth

Use existing network if possible.

1Mb up/down clear for video

QOS (Quality of Service) Allows your network to prioritize different types of data.
◦ It is only good until you hit the internet. Then all bets are off.

Fiber is best but $$$

Direct Connections are good - $$$

Cable Providers – Good option - $

DSL (not that great) - $

Wireless – Need to demonstrate

Satellite – Only when nothing else works (until Starlink is up, then maybe)

Questions?