COVID-19 Telemedicine Implementation ECHO

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MARI ROBINSON JD: DIRECTOR, UT SYSTEM VIRTURAL HEALTH NETWORK

OLIVER BLACK: IT EXPERT,UT SYSTEM VIRTUAL HEALTH NETWORK

WARIDIBO ALLISON MD, PHD: ASSISTANT PROFESSOR/INFECTIOUS DISEASE, MEDICAL DIRECTOR, SAN ANTONIO AIDS FOUNDATION

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.

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Could I do this if it wasn't telemedicine?

Licensing

Credentialing

Standard of care

Payment

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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

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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

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Technology Considerations

Oliver Black

What do you need in a telemedicine setup?

Desired –

- Ideally - Standards Based (ITU SIP and H.323) dedicated CODECs, PC, Android and iOS Apps and a web interface if available
  - 1080p – Full High Definition 1920x1080 image
  - 720p – High Definition 1280x720 image
  - Encryption (video, audio and control)
  - Far End Camera Control – Gives the provider more control
- Ability to connect other external video systems (not proprietary or closed)
- Direct dial if possible
- Use your video conferencing staff if they exist.
  - What are they using?
  - Can they support your system?
- Peripherals on the remote side as needed for the specific specialty
  - What does the provider need? ASK THE PROVIDER!

Protocol Development for Telemedicine Implementation

Waridibo Allison MD PhD

Learning Objectives

1. To outline why a telemedicine protocol is necessary
2. To give an approach to telemedicine protocol development
3. To outline essential components of a telemedicine
4. To highlight common pitfalls in protocol development

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Why bother with a protocol?

- Consistent standard for consultations
- Detailed step-by- by step documented process – operational clarity … and if ever audited or a complaint
- Actions of each party involved means on the clinic side clarity of roles; training of new staff, if any one out sick can duplicate process or even combine roles
- Reveals barriers to the process that may be unaware of and that can be at any level – clinic staff, patient/client, software, hardware etc.

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A protocol development approach

- Who will write it?
- Who will be involved? Make sure a representative of all parties in the process chain able to review their component
- Different protocols necessary for different type of client/patient interactions

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Essential telemedicine protocol components

- How scheduling will occur
- What information is to be obtained prior to the consultation and how it will be delivered to provider
- Details of connection (audio only or audiovisual)
- Details of equipment
- Actions of all involved, patient and clinic staff
- What is to be documented and how

Telemedicine protocol pitfalls

- "The devil is in the detail"
- "Reinventing the wheel"
- There is such a thing as too much detail
- Imbalance between text and visual aids like flow diagrams and screen shots
- Revision, revision, revision of that first draft
- Regular version updates – label the document so that is clear

Questions?