COVID-19 Telemedicine Implementation ECHO
May 11, 2020

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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

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	Most all location, video, & provider requirements are waived via HHS Secretary	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

https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid

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

The UT-VHN creates access to medical care that
- is accessible to currently underserved populations
- is based in a high quality, academic setting
- integrates with the care team already in place
- creates a continuous physician patient relationship
- covers a broad range of specialties at eight different campuses

Telemedicine Implementation

STD, HIV Testing, & PrEP Services

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Pamela Mathie, STD Nurse Consultant, Texas DSHS
Isabel Clark, Routine Screening Senior Consultant, Texas DSHS

CARDEA
Training, Organizational Development and Research
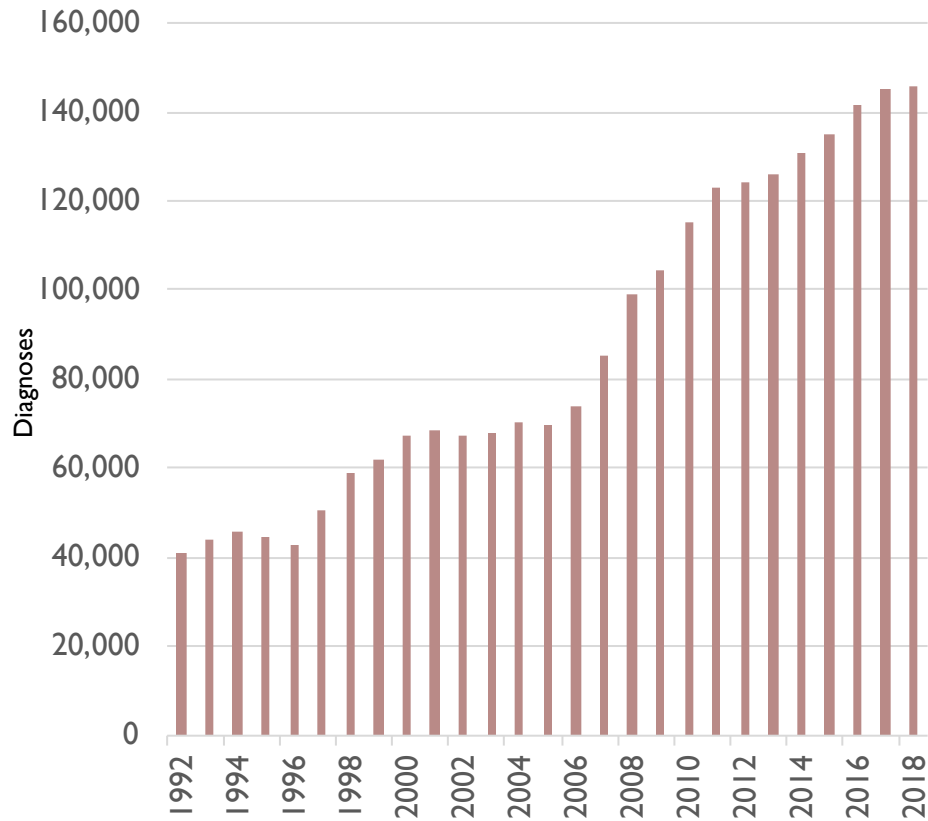
TEXAS
Department of
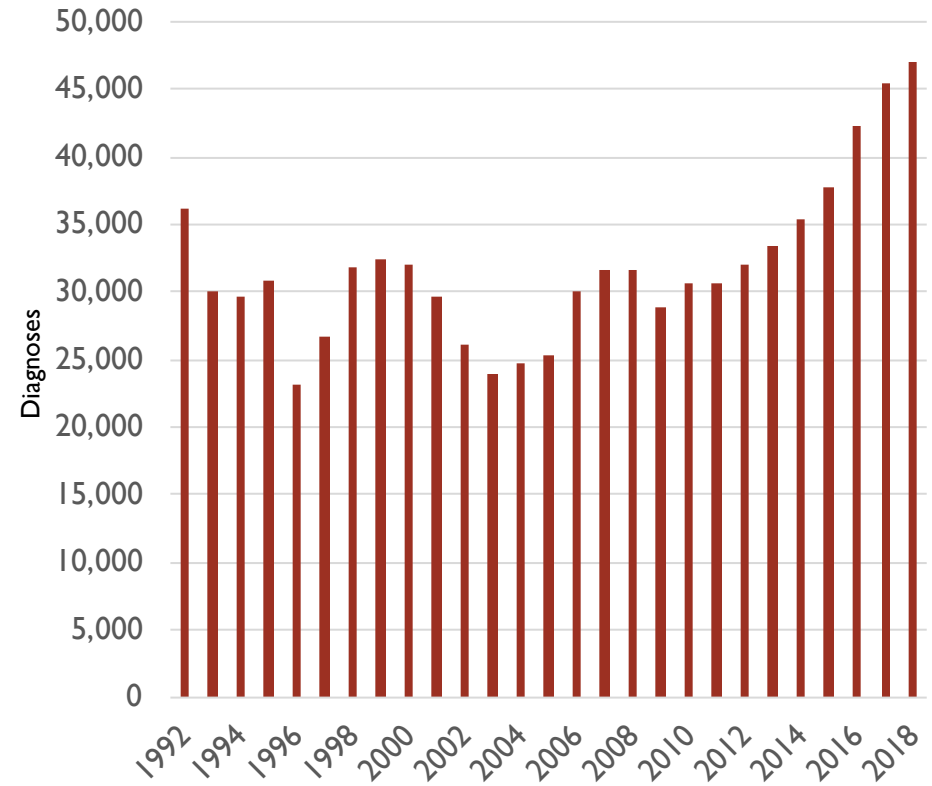State Health Services

Session Summary

- Why consider telemedicine?
- Implementation considerations
  - Timeline
  - Platforms
  - Assessing needs and next steps
- Incorporating telemedicine into our clinic setting
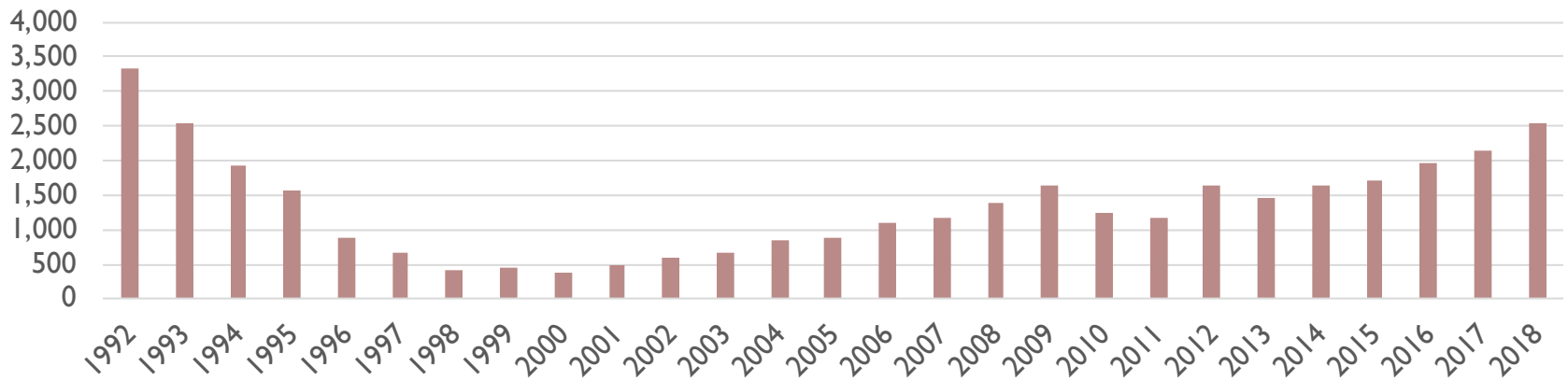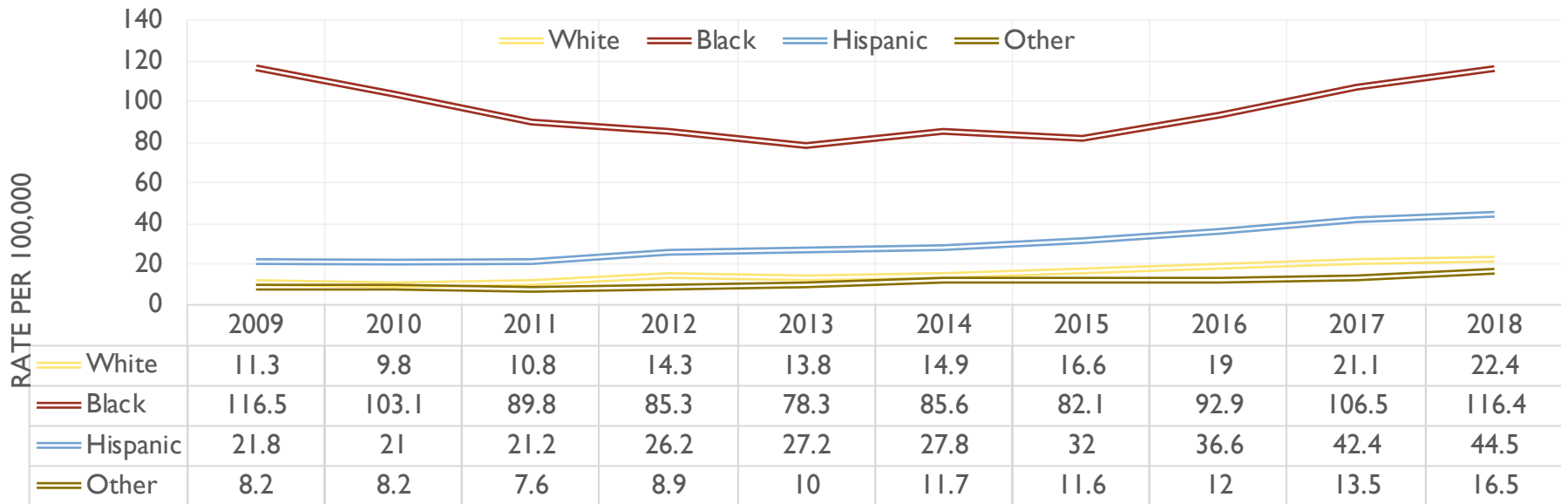
Diagnoses in Texas, 1992-2018

Diagnoses in Texas, 1992 – 2018: Primary & Secondary Syphilis

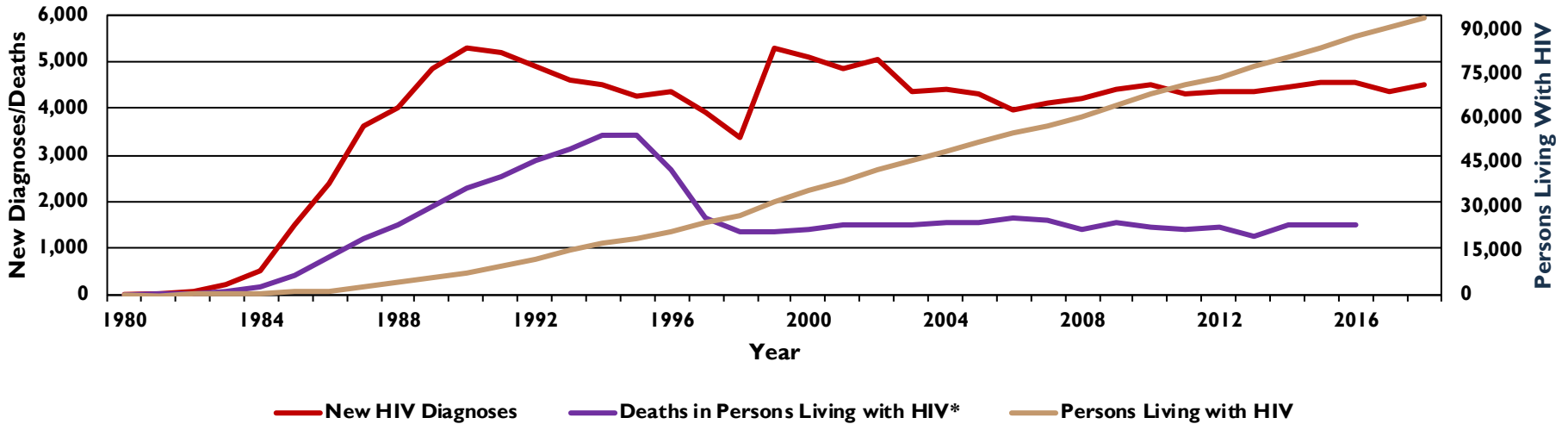# Syphilis* Diagnosis Rates in Texas by Race/Ethnicity, 2009-2018

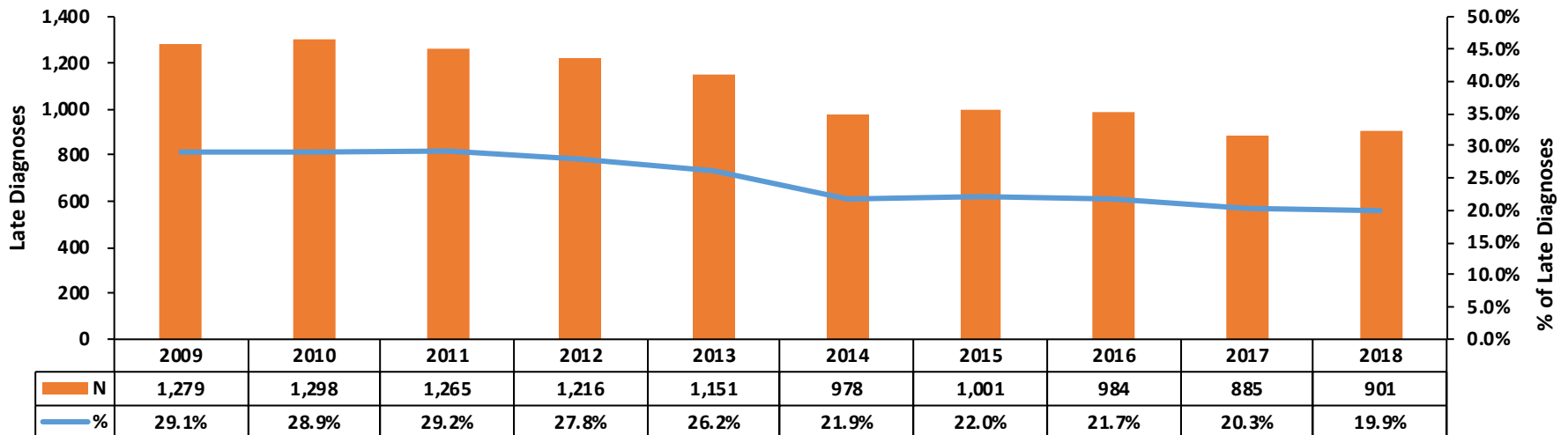|	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
White	11.3	9.8	10.8	14.3	13.8	14.9	16.6	19	21.1	22.4
Black	116.5	103.1	89.8	85.3	78.3	85.6	82.1	92.9	106.5	116.4
Hispanic	21.8	21	21.2	26.2	27.2	27.8	32	36.6	42.4	44.5
Other	8.2	8.2	7.6	8.9	10	11.7	11.6	12	13.5	16.5

*Includes primary, secondary, early latent, and late/unknown duration

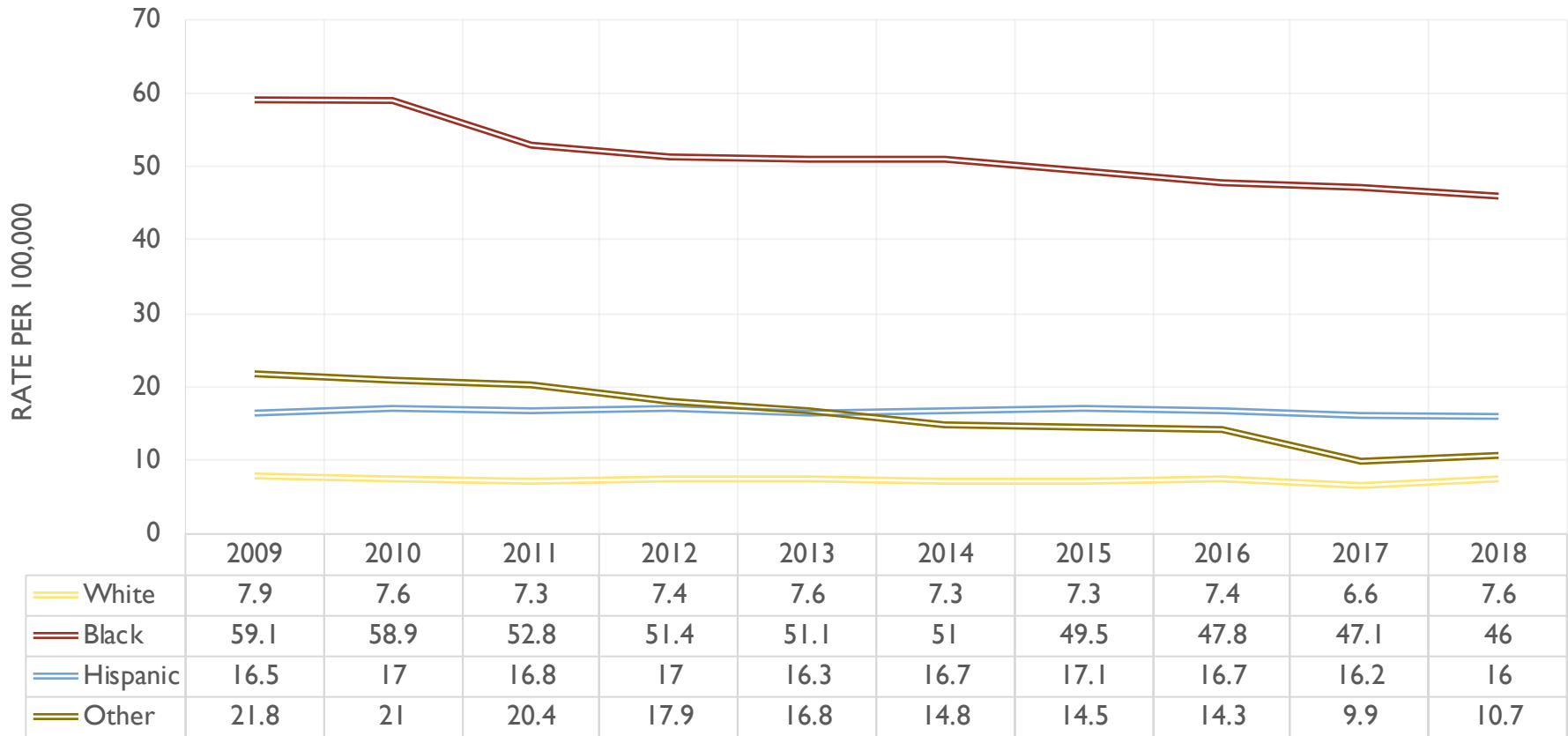# New HIV Diagnoses, Persons Living with HIV, and Deaths in Texas, 1980-2018

Legend: New HIV Diagnoses — Deaths in Persons Living with HIV* — Persons Living with HIV

Late Diagnoses* as Percentage of Total HIV Diagnoses, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
N	1,279	1,298	1,265	1,216	1,151	978	1,001	984	885	901
%	29.1%	28.9%	29.2%	27.8%	26.2%	21.9%	22.0%	21.7%	20.3%	19.9%

HIV Diagnosis Rates by Race/Ethnicity, 2009-2018

Legend: White, Black, Hispanic, Other

RATE PER 100,000

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
White	7.9	7.6	7.3	7.4	7.6	7.3	7.3	7.4	6.6	7.6
Black	59.1	58.9	52.8	51.4	51.1	51	49.5	47.8	47.1	46
Hispanic	16.5	17	16.8	17	16.3	16.7	17.1	16.7	16.2	16
Other	21.8	21	20.4	17.9	16.8	14.8	14.5	14.3	9.9	10.7

Ending the Epidemic

- **DIAGNOSE** all people with HIV as early as possible.
- **TREAT** people with HIV rapidly and effectively to reach sustained viral suppression.
- **PREVENT** new HIV transmissions by using proven interventions, including PrEP.
  - PrEP is a pill that reduces the risk of getting HIV when taken as prescribed.
  - Less than 25% of the estimated more than one million Americans who could benefit from PrEP are using this prevention medication.
- **RESPOND** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Why Consider Telemedicine?

- Reduce clinic traffic

- Reduce patient time in clinic

- Reduce touch points

- Increase clinic capacity

As clinics transition back to services, clinics may still need to balance patient and staff safety along with meeting the STD needs of Texas communities.

Enhance Patient-Centered Care

- Telemedicine can reduce access barriers
    - Burden of child care/family care
    - Transportation
    - Client missing work
    - Reducing client exposure

Opportunity to maintain care for existing patients and bring in new patients

Telemedicine Implementation Timeline

Identify need: Why do this now? What if things change later?

Form a team: Who needs to be involved?

Evaluate platforms: What do we need now versus later to maintain long term?

Design workflow: What services translate to telemedicine? Who will do what, and when?

Prepare staff: What training is needed? Does everyone understand their role?

Prepare patient: What mechanisms are in place to help maximize patient use and experience?

Implement service: How will we roll this out? Start small with a specific service and then add on?

Measure success: What is working? What can be improved?

Role of Home STI Testing

- CDC Dear Colleague: *HIV Self Testing Guidance*

- National Coalition of STD Directors (NCSD)
  - COVID-19 Command Center for STD Programs
  - At-Home HIV/STD Testing in the COVID-19 Landscape
    - *29 April 2020*
  - More to Cover: At-Home HIV/STD Testing in the COVID-19 Landscape 2
    - *8 May 2020*

Please note: We are not endorsing any platform. Check with your programs and funders to see if telemedicine implementation is supported.

Telemedicine Platforms Considerations

- Cost, confidentiality, HIPAA compliance… all important in decision process

- When considering a platform, keep in mind the provider AND patient experience
  - Device and equipment needs
  - Network capability and data use
  - Audio and video experiences

We are not endorsing any platform. Check with your programs and funders to see if telemedicine implementation is supported.

Telemedicine Platforms

Resources to get you started:

- *The National Telehealth Technology Assessment Resource Center: Clinician's Guide to Video Platforms*

- *Texas Medical Association: Telemedicine in Texas*

We are not endorsing any platform. Check with your programs and funders to see if telemedicine implementation is supported.

Clinical Service Visits

Key Considerations:

- When considering STD, HIV Testing, & PrEP Services via telemedicine, it is important to ask:

  – Would this service be allowable if the patient were in my clinic?

  – Can I maintain the standard of care?

Clinical Service Visits

- Express STD Testing (asymptomatic) & Treatment only

- STD Clinician Evaluation (exam + testing)

- STD Syndromic Management (no exam or testing)

- Patient Delivered Partner Therapy

- HIV Testing Only

- PrEP

Example: Express STD Testing

Patient Calls Clinic:

- Assess reason for visit

- Collect patient registration information

- Document verbal consent

Transfer to Clinician/MA:

- Collect medical/sexual history and risk assessment

- Triage: Express STD Visit

- Document tests that will need to be collected (including specimen sources)

- Explain test result procedure and assess when they can arrive at clinic

- Notify front desk of anticipated arrival time

Patient Arrives at Clinic & Front Desk Notifies Clinician/MA:

- Patient signs consent

- MA collects blood specimens, patient collects self-collected specimens

- Confirm patient understands results procedure and provide card

- Complete documentation of visit

What Resources Do You Need Now?

- Assessing clinic capacity and readiness

- Provider education/staff training

- Patient education

- Consent and confidentiality

- Sample procedures and/or workflows

- Platforms and compliance

- Billing and coding

- Patient care guidance

- Telemedicine etiquette

- Conducting a physical exam

A few resources to get you started

- *TexLa Telehealth Resource Center:* Links to participate in weekly calls for COVID-19 Telemedicine Updates and Telehealth 101, plus resources for getting started, and sample forms.

- *UT Health San Antonio ECHO: Telemedicine Implementation Resources:* Link to participate in weekly ECHO calls and resources for implementation. Includes recordings of previous telehealth/telemedicine calls.

- *Texas Medical Association: Telemedicine in Texas* includes resources for getting started, evaluating vendors, billing tips, and patient considerations.

Contact Us

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