STI Services Telemedicine ECHO Series

Session I

Telemedicine Basics in STI Services

Mari Robinson, JD, Director of Telehealth, University of Texas Medical Branch

Waridibo Allison, MD, PhD, Assistant Professor, Infectious Disease, University of Texas Health Science Center San Antonio, Medical Director, San Antonio AIDS Foundation (SAAF)

Andrew Wilson, MA, Project Connect Director, Prism Health North Texas

Wednesday, October 7, 2020
11:30 a.m. – 12:45 p.m. CST

DISCLOSURES

This activity is jointly provided by Cardea Services and UT Health San Antonio.

Cardea Services is approved as a provider of continuing nursing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

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DISCLOSURES

Upon successful completion of this activity, 1.5 contact hours will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email once you successfully complete the evaluation and submit the online CE request.

If you have any questions about this CE activity, contact Corie Lonidier at clonidier@cardeaservices.org.

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DISCLOSURES

The planners and presenters of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

Acknowledgement

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Texas Department of State Health Services

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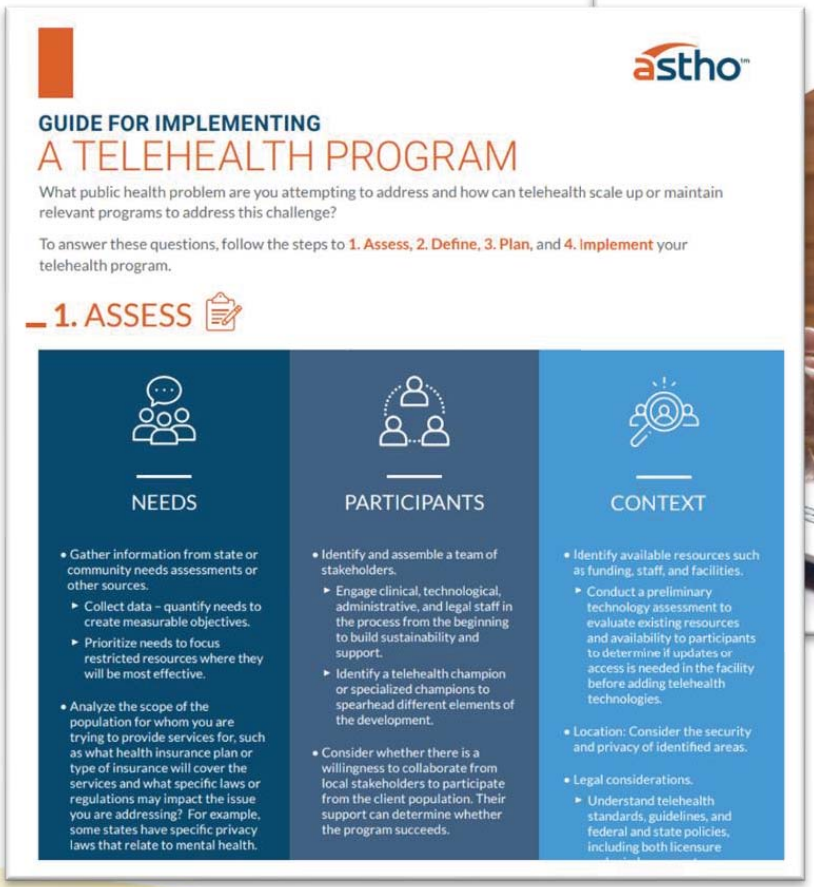
Agenda

- **Welcome and Introductions**
- **Review of Telehealth Implementation Tools & Guides**
- **Session I Learning Objectives**
- **Didactic Presentation -** Mari Robinson, JD, University of Texas Medical Branch, and Waridibo Allison MD, PhD, Assistant Professor, Infectious Disease, University of Texas Health Science Center San Antonio, Medical Director, San Antonio AIDS Foundation (SAAF)
- **Clinic Case Presentation -** Andrew Wilson, MA, Project Connect Director, Prism Health North Texas
- **Discussion**
- **Resources and Save the Dates**

Telemedicine Implementation Tools & Guides

https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf



https://www.astho.org/ASTHOBriefs/Guide-for-Implementing-a-Telehealth-Program/

https://www.telehealthresourcecenter.org/wp-content/uploads/2019/01/15-Steps-Jan.-2019.pdf

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Getting Started

- Assessing and understanding the rules and legal responsibilities
- Scaling telehealth in practice, gaining community and leadership buy-in
- Prioritizing issues, needs, and/or patient populations
- Documentation and staying up to date with telehealth regulations (state/federal)

Learning Objectives

By the end of this session, you will be able to:

- Describe key components for implementing telemedicine in clinics that provide sexual health services.
- Discuss potential opportunities and challenges with implementing sexual health services via telemedicine.

Session I: *Telemedicine Basics in STI Services - Didactic Presentation*

MARI ROBINSON, JD

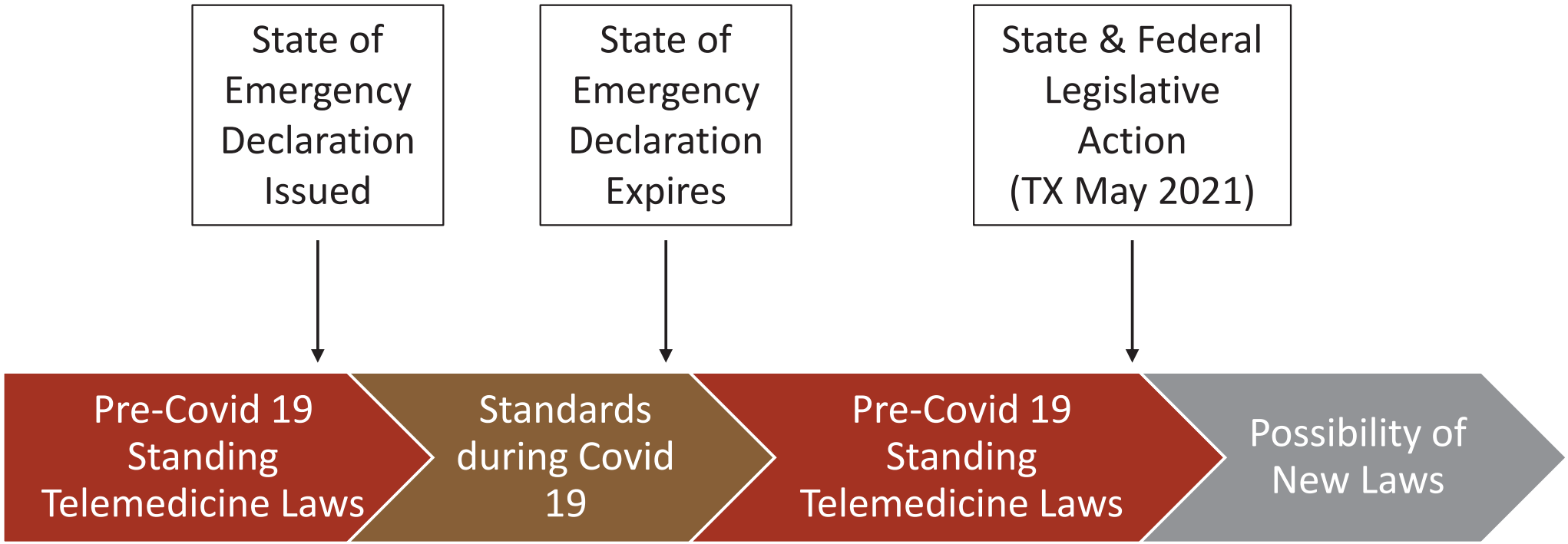
Director of Telehealth, University of Texas Medical Branch

WARIDIBO ALLISON, MD, PHD

Assistant Professor, Infectious Disease, University of Texas Health Science Center San Antonio

Medical Director, San Antonio AIDS Foundation (SAAF)

Understanding the Covid 19 Legal Impact



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Could I do this if it wasn't telehealth?

Standard of care

Credentialing

Licensing

One thing remains the same:

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Clinical Service Visits

Key Considerations:

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

- Can I maintain the standard of care?
- Do I need to see this patient in person to assess this presenting complaint?
- Do I need additional information to assess this presenting complaint that I don't have (blood pressure, a temperature check, sensitive physical examination)?

STD Clinical Services - Examples

- Routine STD Testing (asymptomatic) & Treatment base on results
- STD Full Clinician Evaluation based on symptoms (exam + testing)
- STD Syndromic Management based on symptoms (no confirmatory testing)
- Patient Delivered Partner Therapy
- HIV Testing Only
- PrEP – initial and follow up visits

Additional guidance from the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) can be found in the following Dear Colleague Letters (DCLs):

- *STD Treatment (April 6, 2020) - https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf*
- *EPT update and clarification to April 6 letter (May 13, 2020) - https://www.cdc.gov/std/dstdp/dcl-clarification-may2020.pdf*
- *Test Shortage (September 3, 2020) - https://www.cdc.gov/std/general/DCL-Diagnostic-Test-Shortage.pdf*

Standard of Care - Documentation

- Usual documentation of consent for telemedicine is waived but usual detail of clinical documentation is not

- Documentation should be at least the same level of detail as an in person encounter excepting things you don't do if you don't have that set up e.g "physical examination deferred"

- Documentation detail also affects billing in the same way as in person encounters

Standard of Care - Documentation

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

Texas Medical Board Rule 190.8

- (L) prescription of any dangerous drug or controlled substance without first establishing a valid practitioner-patient relationship. Establishing a practitioner-patient relationship is not required for:
  - (i) a physician to prescribe medications for sexually transmitted diseases for partners of the physician's established patient, if the physician determines that the patient may have been infected with a sexually transmitted disease; or

Additional guidance from HHS and the CDC can be found in the following DCLs:

- *STD Treatment (April 6, 2020) - https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf*
- *EPT update and clarification to April 6 letter (May 13, 2020) - https://www.cdc.gov/std/dstdp/dcl-clarification-may2020.pdf*
- *Test Shortage (September 3, 2020) - https://www.cdc.gov/std/general/DCL-Diagnostic-Test-Shortage.pdf*

Licensing & Credentialing

The care occurs where the patient is located & the rules of that state apply to any care received.

A license is almost always required:

- Physician Compact (https://www.imlcc.org/)
- Nursing Compact (https://www.nursecompact.com/index.htm)
- Consulting Exceptions

Credentialing is also a consideration:

- Expedited processes for Joint Commission (Medical Staff Rule 13) and CMS (http://ctel.org/wp-content/uploads/2011/07/CMS-Credentialing-Privileging-Memo.pdf)

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 ***BUT*** HHSC website is different	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

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TX Laws (Occ. Code 111 & BR 174)

- Consent: Prior to care, informed consent for telemedicine is required.
- Privacy: Under Texas Law, prior notification of privacy standards is required and a good faith effort must be made to get it in writing, with electronic options included. *** Federal HIPAA law requires that the practitioner ask for acknowledgment in writing, though. (https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)
- Notice of Complaint Process: This must be provided to the patient with the other informed consent materials or on the physician's website, and it must meet the requirements of BR 178.
- Records – If the patient has primary care physician and grants consent to share the records form the telemedicine visit, a copy or report must be sent within 72 hours. (follow up direction is also required)

Federal Laws - DEA

Scheduled Drug- a controlled substance with addictive potential. Labelled by DEA classes I-V.

Dangerous Drug- all other drugs that are not scheduled but that do require a prescription. Labelled with an Rx.

Federal law **PROHIBITS** the initial prescribing of a scheduled drug to a patient via telemedicine in most all scenarios. (And Texas prohibits any chronic pain treatement)

However:

Renewals are allowed via telemedicine once an in person visit has been completed (no time limit specified by law, but 12 months is a possible limit).

A physician can coordinate with another DEA certificate holder to write the necessary prescription.

Federal Laws - HIPAA

Consent: Federal HIPAA law requires that the practitioner ask for acknowledgment of privacy notices in writing

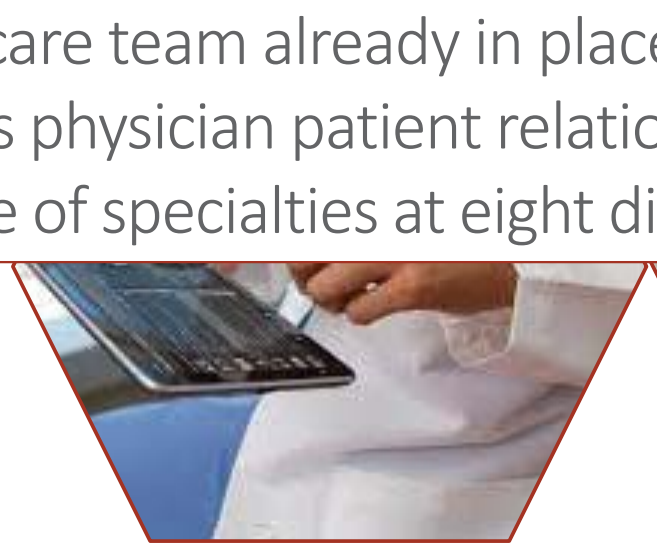
(https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

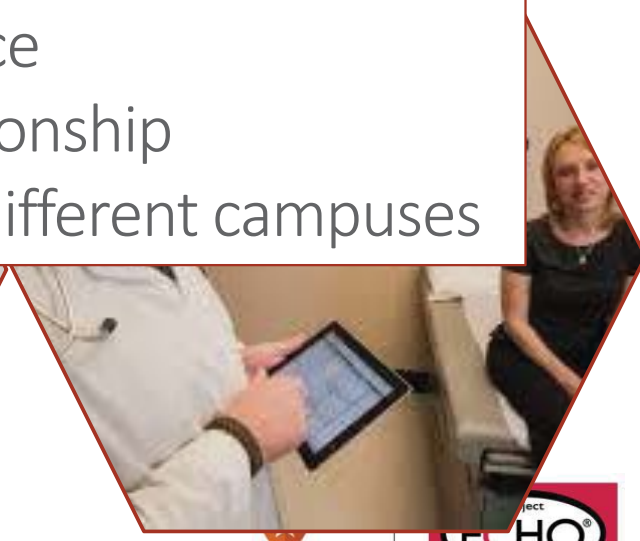
Security: A risk assessment must be done and a plan to address privacy of health information must be in place. One of the safest routes is to have all patient communications meet encryption standards, and this includes any video connections.

(https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html)

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





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This is an overview only

Questions?

Session I: *Telemedicine Basics in STI Services - Case Presentation*

ANDREW WILSON

Project Connect Director

PrismHealth
NORTH TEXAS

Case Presentation: Prism Health North Texas

- Andrew Wilson, MA, Project Connect Director
- Prism Health North Texas - Dallas, TX Area
- Number of patients served by organization: Approximately 3,500
- Private Non-Profit
- Primary Service Area: HIV Prevention
- Patient Population: Evenly split insurance status
- What types of services do you plan to offer, or currently offer, through telemedicine?
  - Direct to patient non-urgent primary care
  - Behavioral Health
  - PrEP consultation, risk reduction counseling
- Telemedicine tools integrated into EMR?: Yes
- Do you plan to maintain telemedicine service past the COVID-19 emergency?: Yes

Case Presentation: Prism Health North Texas

- Impact of COVID-19 on clinic operations
- Policies, protocols, and procedures
  - Standard operations & incorporating our Electronic Health Record (EHR)
  - Getting staff up-to-speed
  - Develop hybrid telehealth model
  - Implications on outreach testing
- Future implementation hopes and considerations

Discussion

Additional Resources

- **AMA Telehealth Playbook:** https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf
- **ASTHO Resources for Implementing Telehealth**: https://www.astho.org/telehealth/
- **CMS Toolkit**: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf
- **HHS and CDC Guidance:**
  - STD Treatment (April 6, 2020) - https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf
  - EPT update and clarification to April 6 letter (May 13, 2020) - https://www.cdc.gov/std/dstdp/dcl-clarification-may2020.pdf
  - Test Shortage (September 3, 2020) - https://www.cdc.gov/std/general/DCL-Diagnostic-Test-Shortage.pdf
- **HHS COVID and Telehealth Guidance**: https://www.hhs.gov/coronavirus/telehealth/index.html
- **National Consortium of Telehealth Resource Centers:** https://www.telehealthresourcecenter.org/resource-documents/
- **NCSD's COVID Command Center – Telehealth Resources**: https://www.ncsddc.org/covid-command-center-std-clinic-resources/#telemedicine-and-express

Save the Dates – ECHO Sessions

- **Session 2: Staff Utilization & Patient Engagement in STI Services Telemedicine**
  - Thursday, October 29, 2020; 1:00 p.m. - 2:15 p.m.

- **Session 3: Sustainability, Billing & Coding in STI Services Telemedicine**
  - Thursday, November 19, 2020; 1:00 p.m. - 2:15 p.m.

- **Session 4: Program Goals & Measuring Success in STI Services Telemedicine**
  - Thursday, December 10, 2020; 1:00 p.m. - 2:15 p.m.

Save the Dates – Peer-to-Peer Sessions

1. **Thursday, October 15**
   11:30-12:30 pm CT
2. **Thursday, November 12**
   11:30-12:30 pm CT
3. **Friday, December 4**
   11:30-12:30 pm CT
4. **Thursday, December 17**
   11:30-12:30 pm CT

What are the peer-to-peer sessions?

- Discussion based on key topics following the ECHO sessions
- Opportunity to connect with colleagues and share successes and challenges
- No registration required
- *No CE offered*

Thank You!

- Please complete the evaluation to receive CNE credit, and to help us improve future sessions.

https://www.surveygizmo.com/s3/5764018/STI-Telemedicine-Technical-Assistance-ECHO-Series-Evaluation

This link will also be emailed to participants within 24 hours of this session.