

Telehealth in a PHE: A Quick Start Guide

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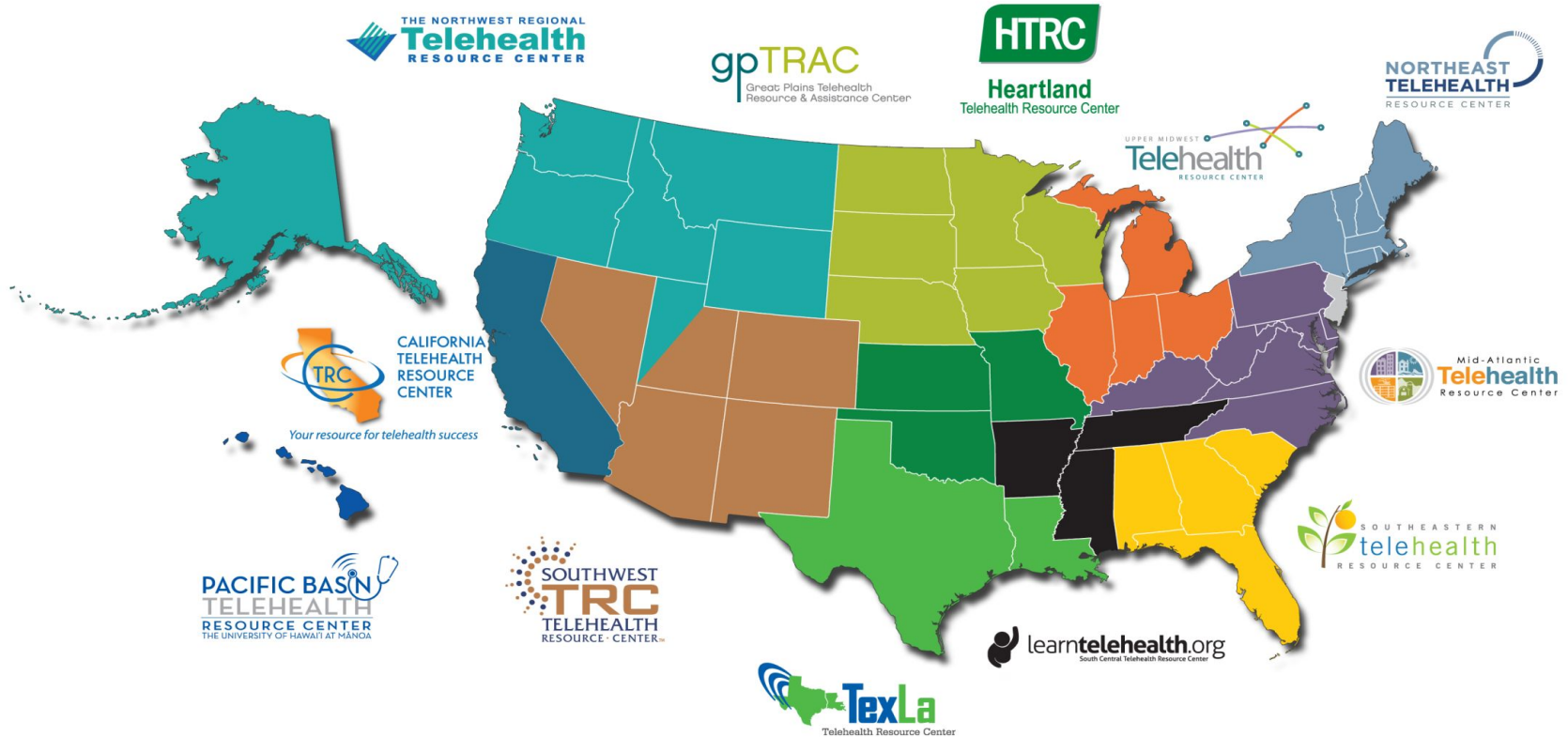


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OVERVIEW

- An Introduction to gpTRAC
- Background
- Prerequisites
- Policies
- Procedures
- Practice

TelehealthResourceCenters.org



TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

RESOURCES

- Center for Connected Health Policy (cchpca.org)
- Addiction Technology Transfer Centers (attcnetwork.org)
- [Telehealth Learning site](#)
- [Telehealth Resource Centers](#)
- HRSA Telehealth site (<https://telehealth.hhs.gov/>)
- Telehealth Quick Start (telehealthquickstart.org)

TELEHEALTH



Four Domains of Telehealth

- **Hospital & Specialty Care**
 - Specialists see and manage patients remotely
- **Integrated Primary Care**
 - Specialists (often MH) integrate services into primary care environment
- **Remote Monitoring for Transitions and Maintenance**
 - Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment
- **Direct to Consumer Services (Primary/Urgent Care)**
 - Convenient access to needed/desired services; popular among younger, busier, and generally healthier patients; not recommended for chronic disease care

Conceptual Framework

TELEMEDICINE IS A DELIVERY MECHANISM, NOT A SERVICE

- Providers may need skills or training, but no new certification or credentials
- All regulations regarding traditional healthcare services apply equally to telehealth

ANALOGY

- Providing services in Academic Med Center vs MASH Unit
- All skills the same, but some adjustment needed for context

Regulatory Environment

FEDERAL REGULATIONS

- Prescribing Controlled Substances (Ryan Haight Act)
 - In person visit required before prescribing controlled substances (or consultation model)
 - Telemedicine exemption (undefined)
- Medicare (reimbursement)

Regulatory Environment

STATE REGULATIONS

- Licensing Boards (many are silent regarding telehealth)
- Medicaid (reimbursement)
- Commercial payer regulations (reimbursement)



PREREQUISITES

Patient portal (or other channel to communicate with patients)

Video account & settings (or equivalent) or eVisit Platform (various)

Equipment (computers, webcams, smart phones, etc.)

Network connections

Some Background Information and Principles

1. **Services legally occur at the patient's physical location.** The provider must be licensed (and credentialed) to provide services at that location.
2. Specific consent is generally required, but it may be verbal. It should be included in your general consent, if possible, and regularly revisited.
3. Procedures should be consistent and mirror usual procedures as much as possible. Standardized procedures help everyone feel more comfortable.
4. In a clinical emergency, use available emergency procedures and resources. Telemedicine services are generally NOT intended for emergencies.

Technology Spectrum

Separate Video

- Operate independently of your EMR
- “Dual systems” - video on one screen, EHR on the other (or split windows)

“eVisit” Platforms

- Patient portal
- “Asynchronous” communication
- Scheduling, text, images
- Separate from EHR, but may feed it or interact with it
- Support billing “eVisits” (Medicare)

Fully Integrated EHR

- All scheduling, communication, and texting within EHR
- Expensive & complex

Patient Portal - Or Other Communication Channel

The Portal (or other secure channel) will be needed to:

- Set and confirm scheduled appointments
- Send links and passwords for video calls
- (Optional) Collect patient information before a call
- (Optional) Conduct an eVisit (as defined by Medicare)

Zoom Video (or Equivalent)

- Zoom Healthcare Account (includes 10 licenses and a BAA)
- Zoom “Pro” Account (1 license, no BAA) - can be used temporarily
- Zoom free account (unlimited 1:1)

Settings - log in at zoom.us to change

- Encryption is standard/default
- Disable recording, use waiting room
- Other optional settings

Profile
Meetings
Webinars
Recordings
Settings
Account Profile
Reports

[Attend Live Training](#)
[Video Tutorials](#)
[Knowledge Base](#)

Meeting Recording Telephone

Schedule Meeting

Host video
Start meetings with host video on

Participants video
Start meetings with participant video on. Participants can change this during the meeting.

Audio Type
Determine how participants can join the audio portion of the meeting. When joining audio, you can let them choose to use their computer microphone/speaker or use a telephone. You can also limit them to just one of those audio types. If you have 3rd party audio enabled, you can require that all participants follow the instructions you provide for using non-Zoom audio.

Telephone and Computer Audio
 Telephone
 Computer Audio
 3rd Party Audio

Join before host
Allow participants to join the meeting before the host arrives

Use Personal Meeting ID (PMI) when scheduling a meeting
You can visit [Personal Meeting Room](#) to change your Personal Meeting settings.

Use Personal Meeting ID (PMI) when starting an instant meeting

“eVisit” Platforms

Dozens of potential products exist. Lots of confusion and non-standard feature sets. Necessary features include:

- Patient portal (secure 2-way text communication)
- Image uploads
- Symptoms reporting/histories
- Signatures (informed consent)
- Scheduling
- (Optional) Live video calls

Encounters using these platforms are billable as “eVisits” for Medicare

Evaluating Platforms

Comparison Sites:

<http://telehealthtechnology.org/toolkit/clinicians-guide-to-video-platforms/> (TTAC)

<https://telementalhealthcomparisons.com/> (Jay Ostrowski)

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html> (AAFP)

<https://vsee.com/telemedicine-platform-reviews> (VSee)

No “Consumer Reports” comparison exists

Computers and Peripheral Equipment

End points

Laptop, tablet, or cell phone (with built-in camera, mic, and speaker)

Desktop (add USB webcam, mic, and speakers)

Device stand (for cell phones/tablets)

(Optional Peripherals)

Webcam - Logitech C920/922 (or similar)

Speakerphone - Jabra Speak 410 (or similar)

Headset - Mpow 071 USB Headset (or similar)



Network Connections

Participants at home may connect with:

Home Wi-Fi

Cellular Data

Charges for data may apply (make sure patients know this)

Quality of the network connections will determine the quality of the call!

Potential Technical Pain Points

Keeping encounters private (separate video products, only).

- Ensuring each client/patient has a secure (unique) link
- “Locking” rooms; using passwords
- Using virtual waiting rooms

Providing technical support to clients/patients who have difficulty.

Alternatives for patients with no cell phones, computers, or connectivity.



POLICIES

Informed Consent

Patient Appropriateness, Location & Safety

Broken Calls

Documentation

Emergencies

Informed Consent

You must document patient consent for telehealth. It can be verbal (for now).

Inform them:

Calls are not recorded.

If the call drops, try to reconnect, or call this number _____.

There are confidentiality risks; how to minimize them.

Connect from a quiet, private, safe place, with minimal distractions.

Only use approved software and links provided.

The patient portal and video are not an emergency contact method.

Patient Appropriateness

Document any concerns regarding the appropriateness of telehealth for this patient or at this time. Concerns may include:

- Difficulty using the equipment effectively
- Lack of access to adequate connectivity or private space
- Inability to collect necessary medical information from patient or perform an adequate exam
- History of or current difficulty managing patient behavior

NOTE: Clinical needs and/or urgency may outweigh concerns

Location & Safety

Every effort should be made to see patients in a safe, secure manner.

Confirm the patient's identity and location at the outset of every encounter.

Collect local non-emergency numbers for fire, police, and patient contacts.

If the patient is in an insecure or inappropriate setting, you may:

- Agree to wait until they are appropriately situated
- Ask to reschedule for a better time
- Perform a brief check-in and plan for follow up

Engage emergency procedures if appropriate

Emergency Procedures

As part of the consent/initial session:

- Discuss emergency procedures and any foreseeable risks
- Collect numbers for local fire, police, and other emergency contacts

In an emergency situation:

- Maintain contact and work to transfer care to appropriate onsite responders and/or caregivers
- Document the event and the transfer of care
- Make any mandated reports

42 CFR Part 2 Changes

The CARES Act changed 42 CFR Part 2 in significant and permanent ways.

Once a patient gives prior written consent, the contents of a record “may be used or disclosed by a covered entity, business associate, or a [Part 2 program] for purposes of treatment, payment, and health care operations as permitted by the HIPAA regulations.”

- Once consent is given, redisclosures may be made in accordance with HIPAA, until the patient revokes consent.
- Patients have the right under Part 2 to prohibit or cut off disclosures for treatment, payment, and health care operations by withholding or revoking their written consent.

Specific anti-discrimination provisions have been added - healthcare treatment, employment, housing, legal/judicial access, social services, and any program funded with federal benefits.

42 CFR Part 2 Changes

Other alignments with HIPAA:

- **Breach Notification.** Breaches of records of Part 2 programs are subject to the same breach notification requirements that apply to breaches of HIPAA protected health information (PHI).
- **Civil and Criminal Penalties.** Civil and criminal penalties that apply to violations of HIPAA also apply to violations of Part 2.
- **Notice of Privacy Practices.** Part 2 programs must provide notices of privacy practices that include, in plain language, a statement of patient's rights and a description of each purpose for which the entity is permitted or required to use or disclose protected information.
- **Accounting of Disclosures.** All disclosures for treatment, payment, and health care operations pursuant to this newly enhanced disclosure authority are subject to HIPAA rules guaranteeing individuals the right to an accounting of disclosures.



PROCEDURES

Scheduling & Room assignment

Opening Script

Presentation & Examination

Disposition & Follow up

Documentation

Scheduling & Room Assignment

Scheduling follows “normal” procedures as much as possible. Plus...

Each encounter is assigned a unique Meeting ID:

- “Host” (Provider) generates a Meeting ID (in a 2-hour “time range”)
- Meeting ID is placed on the schedule and sent to the patient as part of the appointment confirmation/reminder
- At meeting time, both patient and provider enter the Meeting ID room
- Once the meeting ends and the time elapses, the Meeting ID will automatically be deleted (Zoom)
- (Some patients may be given re-usable “recurring” meetings, if desired)

Opening Script

1. Hello [pt]. Can you see and hear me clearly? [Adjust for lighting, sound.]
2. As you know, I'm [Provider]. Can you confirm your name and date of birth for me, please?
3. Can you confirm your location, please?
4. Are you in a private place? Is anyone else in the room or within earshot?
5. Do you have any questions about the privacy of this call or anything else before we begin?
6. If we get disconnected, please reconnect using the same link. If that fails, I will call you at _____. Is that the correct number?

Presentation & Examination

- Use capability provided in the Patient Portal (separate product or through EHR) to collect symptom information and/or complaints
- Use functional questions or other non-contact techniques to assess medical conditions (assume no ability to physically examine the patient)
- Recognize when a physical examination is required for the condition or presentation, and make appropriate arrangements for an exam
- If decisions are made with inadequate information due to urgency, document these decisions and reasons

<http://www.telemedmag.com/article/telemedicine-physical-better-think/>

Disposition & Follow-up

- Record disposition, referrals, and plans as usual in the record
- Refer patients to appropriate staff (video link or phone number) for check-out and follow up
- Follow organizational policies regarding deferral of co-pays
 - Many payers are allowing for waived/reduced co-insurance/co-pays during emergency

Documentation

Document encounters as usual for the billing code, including ...

- Patient's location (“Home” is OK, as long as address is on file)
- Provider's location (“Clinic” or “Provider home, via secure clinic portal”)
- That the encounter was conducted via telehealth
- Encounter start and stop times
- That the patient consented (unless clearly documented elsewhere)
- Any other people or providers involved, including any presenters

Optional...Provide a reason for using telehealth (medical or otherwise)

The Realities of Telehealth Billing

1. Telehealth Reimbursement Varies by Payer

- a. Medicare, Medicaid (each state), Commercial (each plan)

2. Telehealth Billing Policies Vary by Payer

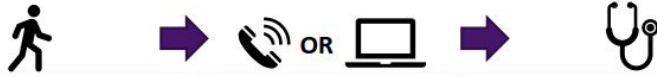
- a. There is no “right way” to bill for telehealth
- b. There are many ways, one for each payer
- c. Some payers mimic Medicare; others don't
- d. CHCs/RHCs almost always have a completely different method (by state)
- e. Every payer is changing/adapting to current situation

Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) is working to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.
- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:
 - Effective March 6 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
 - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
 - CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.
 - Physicians can reduce or waive cost-sharing for telehealth visits.
 - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- HHS Office for Civil Rights offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
- AMA's telemedicine quick guide has detailed information to support physicians and practices in expediting implementation of telemedicine.
- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.
- To learn more about CPT licensing [click here](#).

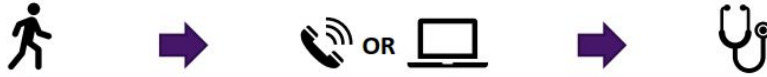
<https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf>

Scenario 10 – (Non-COVID-19 case): 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	<i>New Patient: E/M Telehealth*</i>
		99201
		99202
		99203
		99204
	<i>or</i>	99205
	Audio/Video	<i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i>
		99212 (typical time 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

Scenario 11 – (Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)



Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-Ins Other Phone Call	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)	98970/G0261 (5-10 min) 98971/G0262 (11-20 min) 98972/G0263 (21-30 min)
Applicable ICD-10 codes		Report relevant ICD-10 code related to reason for call or online interaction	
Place of Service		11 Physician Office or other applicable site of the practitioner’s normal office location	

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 <div data-bbox="1178 589 1458 854" style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold;">Phone Only OK</div>	<div data-bbox="1603 589 1825 626" style="color: orange; font-weight: bold; text-decoration: underline;">New Pts OK</div> For established patients.
E-VISITS	<div data-bbox="511 884 850 945" style="border: 1px solid orange; padding: 2px; display: inline-block;">E/M Providers</div> <div data-bbox="511 1053 850 1113" style="border: 1px solid orange; padding: 2px; display: inline-block;">Other Providers</div> A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 <div data-bbox="1072 872 1342 1149" style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold;">Portal or Platform</div>	For established patients.



PRACTICE

PRACTICE, PRACTICE, PRACTICE

Take some time to gain familiarity and comfort with equipment and software before your first “real” telehealth encounter. Debrief and compare notes if things don’t go as planned, or you need to adjust things.

COMMUNICATE WITH COLLEAGUES AND WORK AS A TEAM

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