Telehealth Update 2020

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gpTRAC
Great Plains Telehealth Resource & Assistance Center

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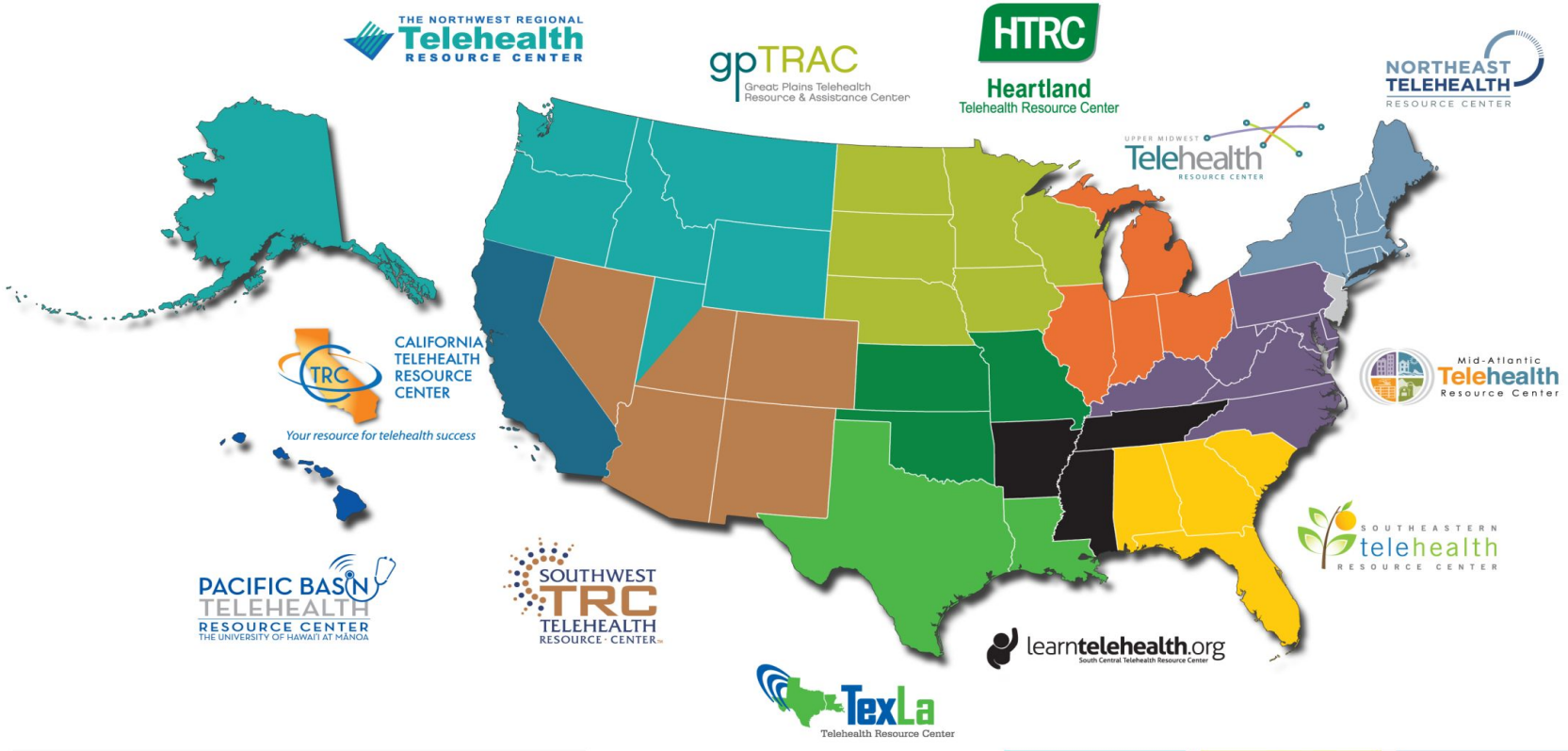
OVERVIEW

- Intro to TRCs
- National telehealth experience to date
- Elements of a successful telehealth program
- An example workflow analysis

TelehealthResourceCenters.org



TTAC TelehealthTechnology.org National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy

2 National Resource Centers

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

12 Regional Resource Centers

We live in interesting times

Telehealth, defined here as the remote consultation between the clinician and the patient regardless of technology, is no longer an attractive niche option but now a necessity for delivering timely and safe healthcare. The ability to conduct a remote evaluation protects both patients and providers at a time when physical distancing is a priority, and both parties appreciate its availability, safety, and convenience.

AHRQ Issue Brief No. 20-0040-2-EF, August 2020

Headline from Advisory Board

How Covid-19 will impact telehealth

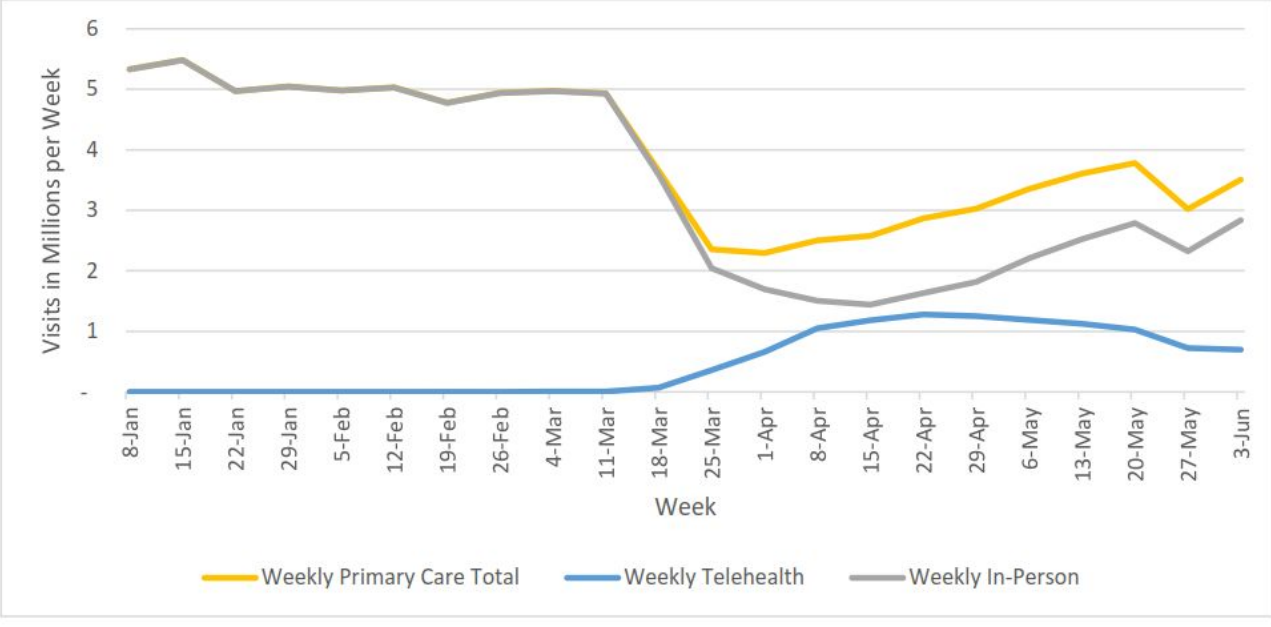
The sudden pivot from "nice-to-have" to baseline expectation

June 4, 2020

Medicare Primary Care Visits

- Primary care visits plummeted in mid-March
- In-person visits bottomed out and telehealth visits peaked in April, then regressed
- Same pattern for dual enrolled and high utilizers

Figure 1. Primary Care Visits for FFS Medicare Beneficiaries (visits in millions per week)

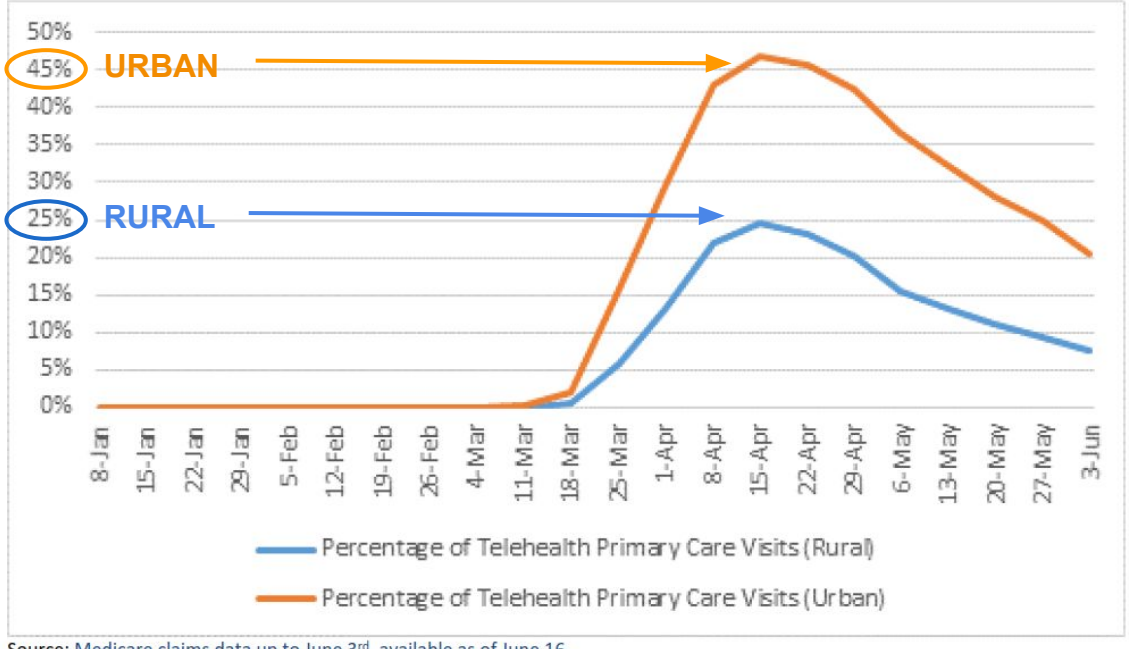


Source: Medicare claims data up to June 3rd, available as of June 16.

Urban - Rural Comparison - Medicare PC Visits

- Percentage of visits via TH followed the same time pattern
- Urban TH was <u>twice as common</u> as rural (by percentage)

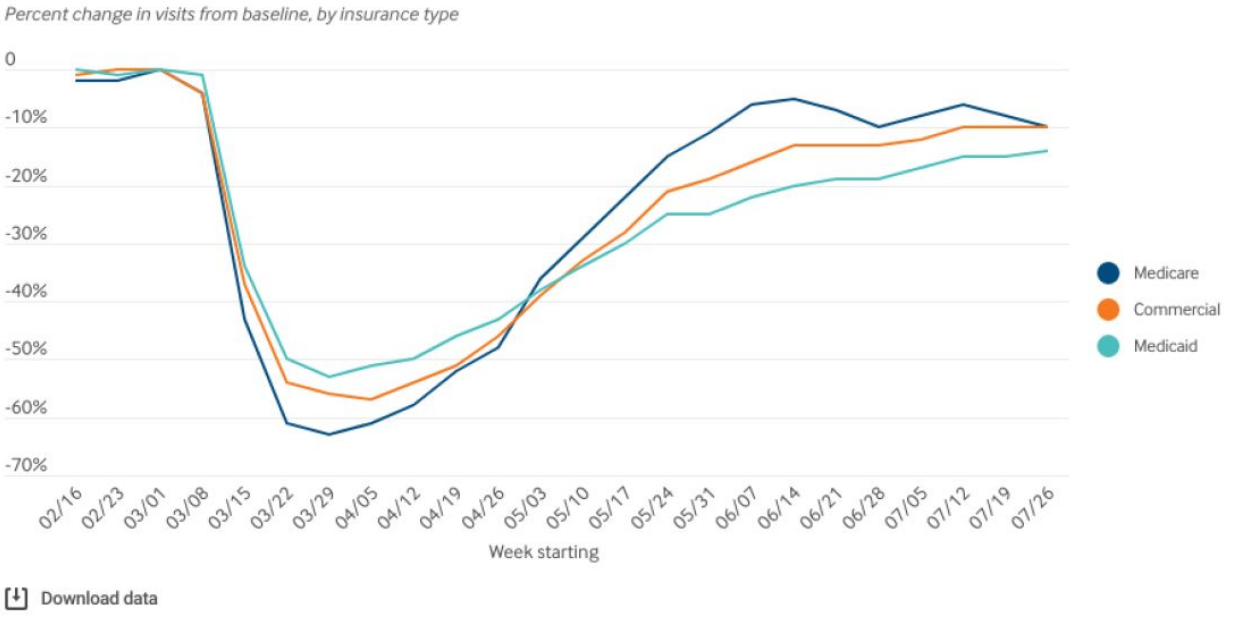
Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties



Source: Medicare claims data up to June 3rd, available as of June 16.

Payer Differences - Biggest Bounce in Medicare

- Medicare decreased furthest, and recovered fastest
- Medicaid decrease was slower and shallower, and recovery has been slower
- Commercial payers in-between

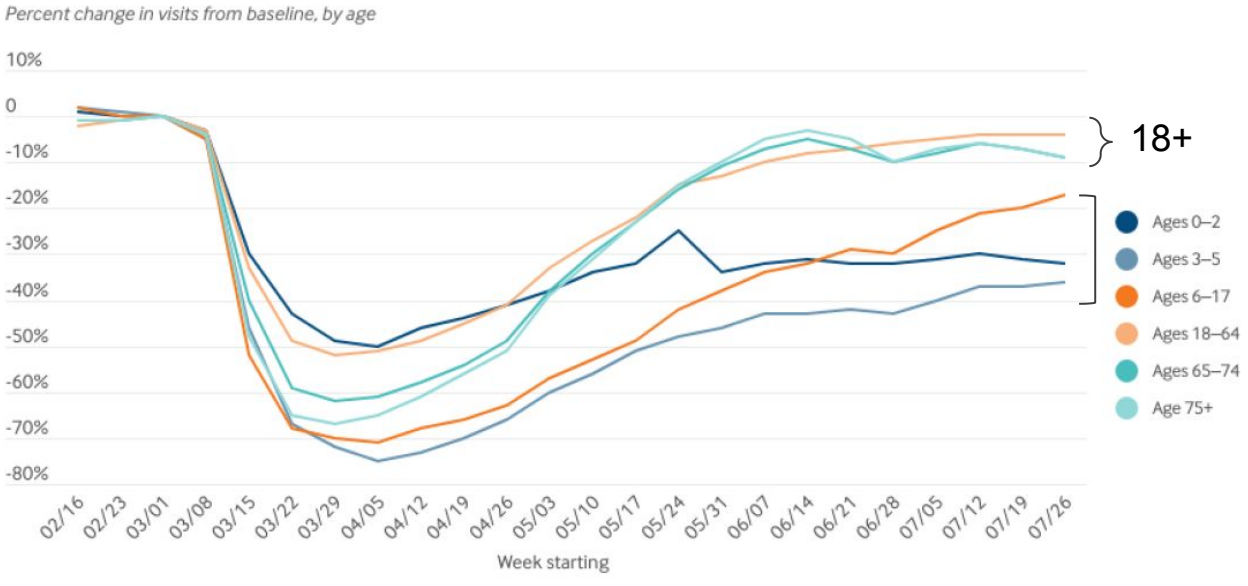


The percentages shown in parentheses represent the fraction of all visits at baseline among patients with insurance. Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7). Because type of insurance is observed at the time of a visit, some observed changes could be driven by patients losing their private insurance and becoming uninsured or by patients enrolling in Medicaid. Many children have Medicaid, and some of these changes could be driven not by insurance but rather by the differential impact of the pandemic on children versus adults (see graph below).

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Visits: Changing Patterns of Care in the Newest COVID-19 Hot Spots* (Commonwealth Fund, Aug. 2020). https://doi.org/10.26099/yaqe-q550

Age Differences - Parents Are Keeping Kids Away

- Adult encounters have rebounded considerably
- Infant, child, and adolescent encounters are still significantly below normal



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Specialty Differences - Peds and Behavioral Health Lag

- Dermatology bounced hard
- Adult Primary Care is back to pre-COVID
- Behavioral Health adjusted rapidly, but is still significantly below normal
- Pediatrics remains low

Data for only four specialty areas shown to illustrate the range of trajectories. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included. Behavioral health includes psychiatrists, psychologists, and social workers. Urgent care center visits are not included in adult primary care or pediatrics.

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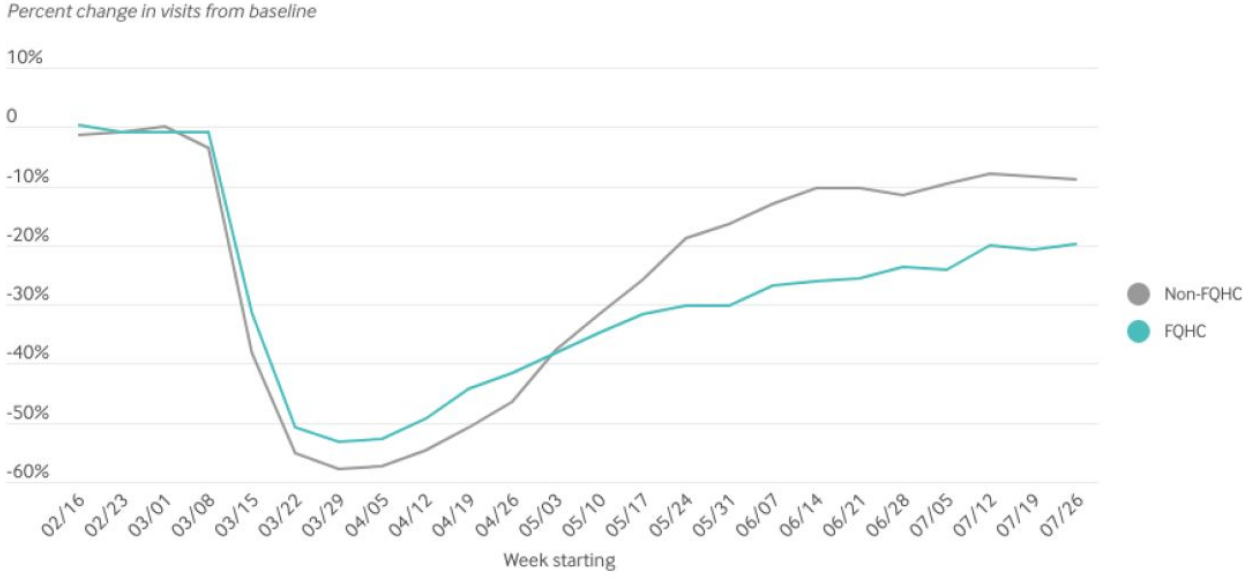
FQHCs vs Others - Less Rebound

- FQHCs have recovered more slowly than other providers



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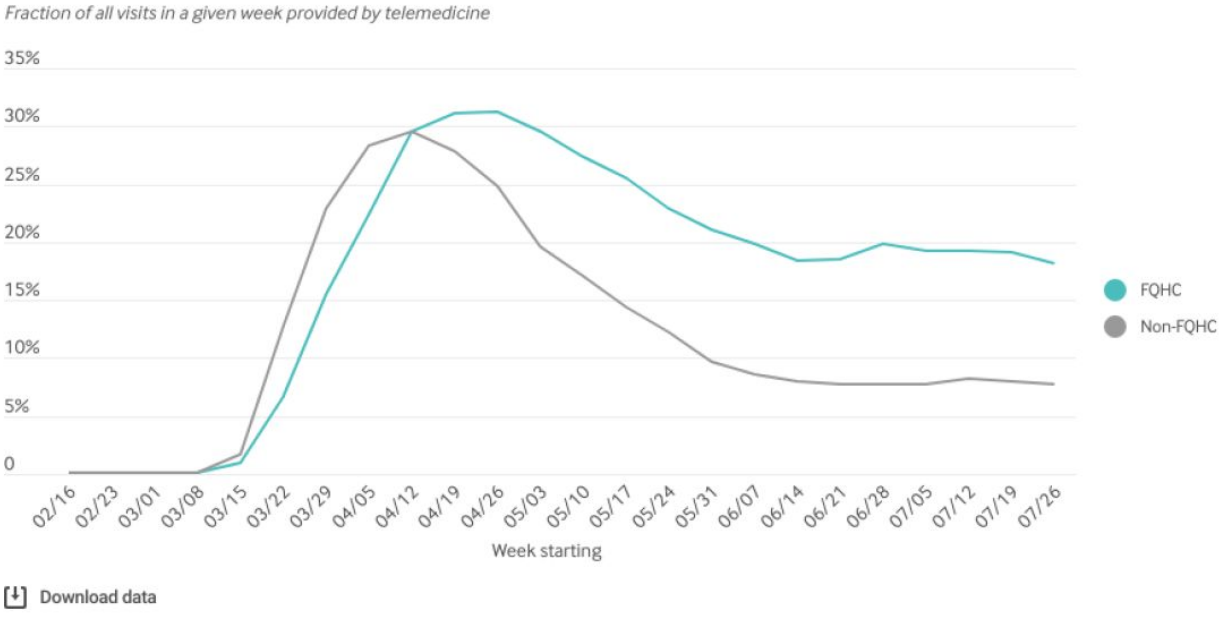
FQHCs vs Others - More Telemedicine

- FQHCs are doing more telehealth (by percentage) than other providers

  8% vs **20%**

For FQHCs (more than others), telehealth is part of the "new normal"



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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

New Medicare MLN Guidance - April 30, 2020 (Link)

MEDICARE

Technology Enabled Services (FQHC/RHC)

*New for PHE

Telephone - G2025 + 95

- "Telephone E/M services"
- Audio only, providing Rx
- 5+ minutes
- *New or established pts
- *Consent may be obtained at the time of service

G2010/12 - "Virtual Check-in"

Portal - G0071

- "Online digital E/M Services" or "eVisits"
- Reviewing images and text messages, providing Rx
- 5+ minutes cumulative over 7 days
- *New or established pts
- *Consent may be obtained at the time of service

Video - G2025 + 95

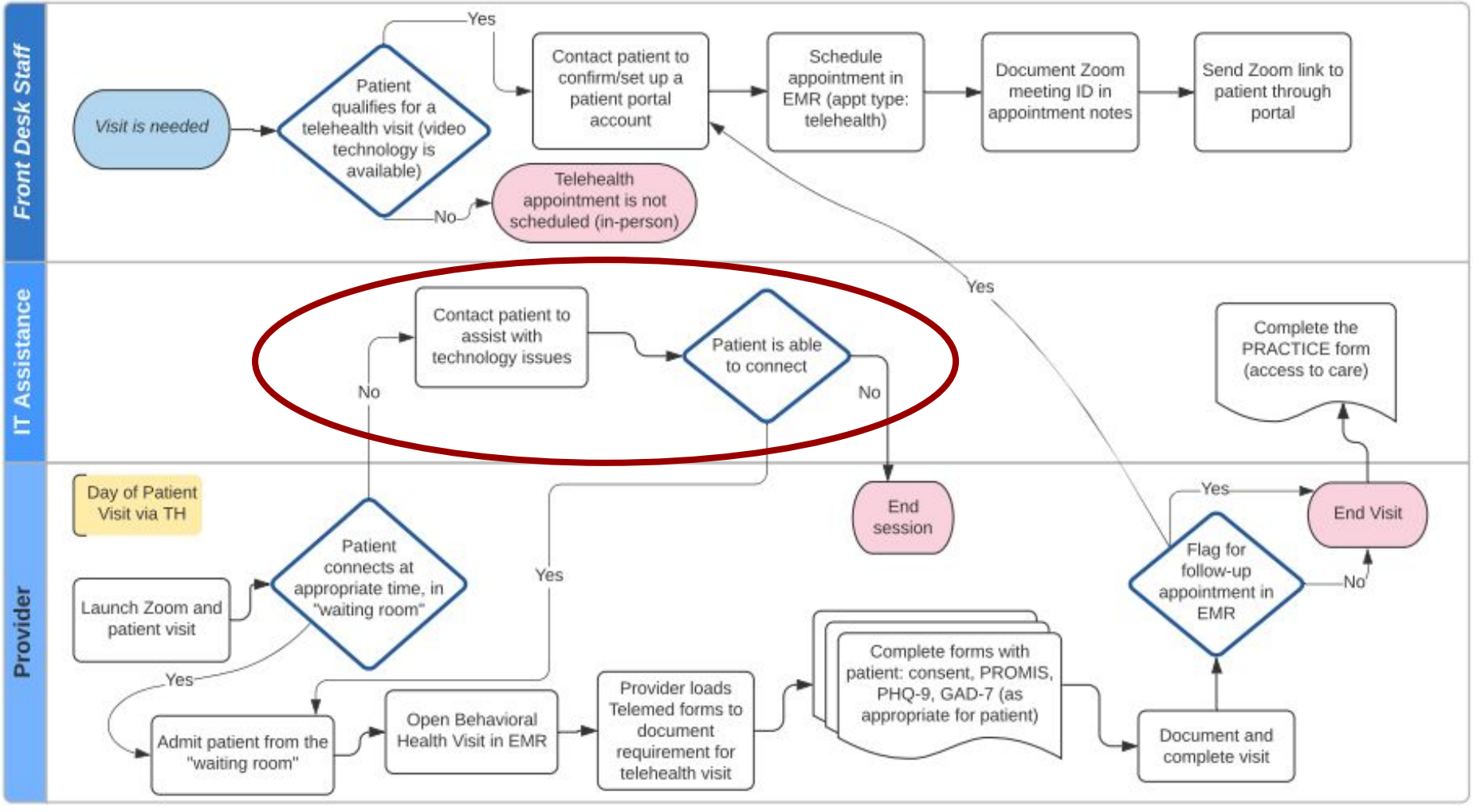
- "Telehealth" (Medicare)
- Must be live video; *any video platform
- Any valid TH service
- *80+ CPT codes
- *From anywhere to anywhere (homes)
- *May waive co-pays

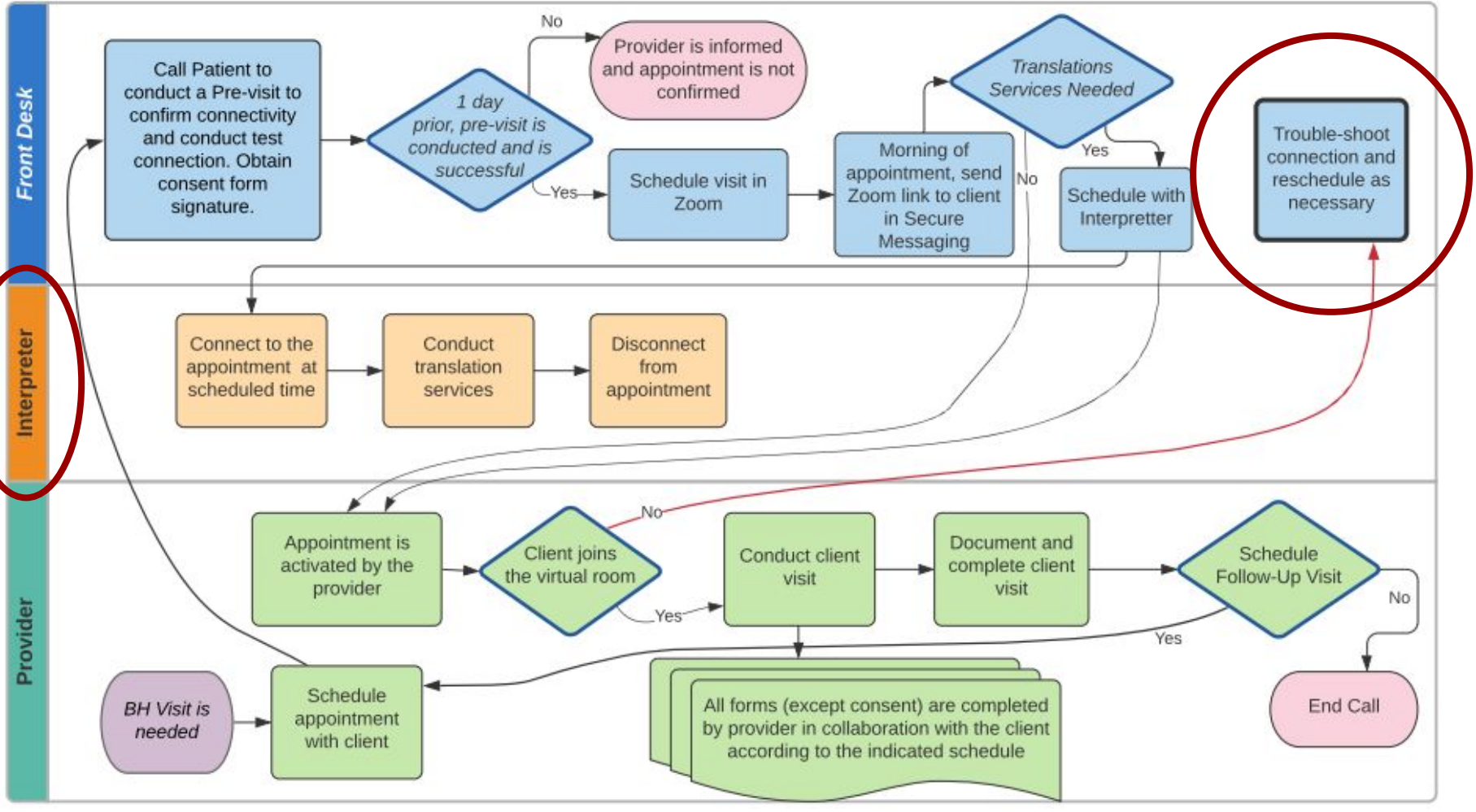
Elements of a Successful Program

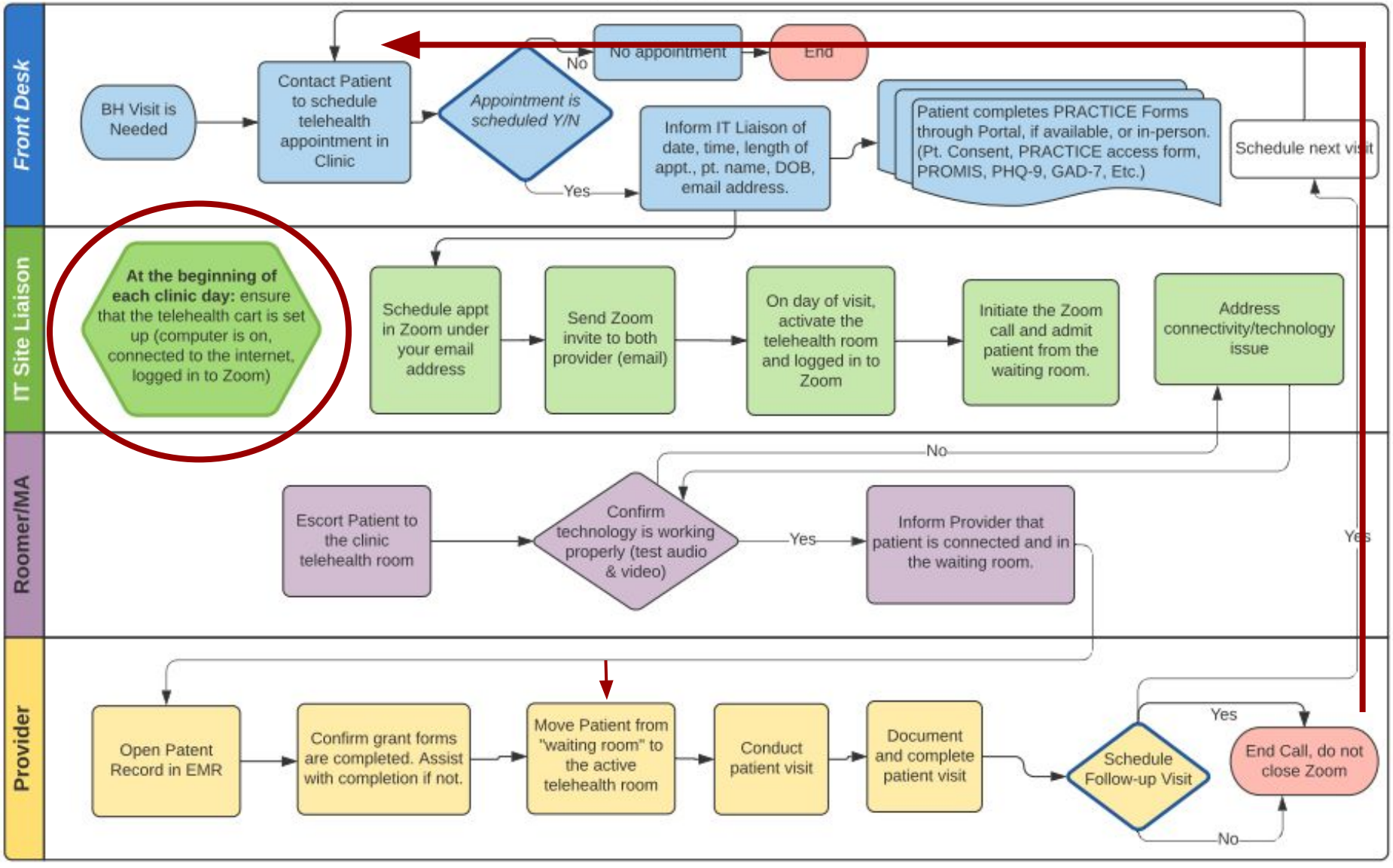
1. A multidisciplinary team is engaged
2. An iterative and structured learning process is used (Lean, PDSA, etc.)
3. The focus is on the long-term and sustainability
4. There is a coherent overall virtual strategy, including a “digital front door”
5. All staff are engaged and play important roles in workflows
6. Patient technical support needs are anticipated, evaluated, and addressed

Workflow Analysis

1. Include everyone meaningfully involved (scheduling, rooming, support, etc.)
2. Include each person, and be sure each person is connected to the process
3. Pay attention to decision points (forks, branches) and handoffs
    a. Include all significant forks/branches
4. Call out separately any tasks done “daily” or “at the start of each clinic”
5. Include closing/ending/recycling instructions


Front Desk Staff
IT Assistance
Provider
Visit is needed
Patient qualifies for a telehealth visit (video technology is available)
Yes
No
Telehealth appointment is not scheduled (in-person)
Contact patient to confirm/set up a patient portal account
Schedule appointment in EMR (appt type: telehealth)
Document Zoom meeting ID in appointment notes
Send Zoom link to patient through portal
Contact patient to assist with technology issues
Patient is able to connect
No
Yes
Complete the PRACTICE form (access to care)
End session
Day of Patient Visit via TH
Launch Zoom and patient visit
Patient connects at appropriate time, in "waiting room"
Yes
No
Admit patient from the "waiting room"
Open Behavioral Health Visit in EMR
Provider loads Telemed forms to document requirement for telehealth visit
Complete forms with patient: consent, PROMIS, PHQ-9, GAD-7 (as appropriate for patient)
Document and complete visit
Flag for follow-up appointment in EMR
Yes
No
End Visit

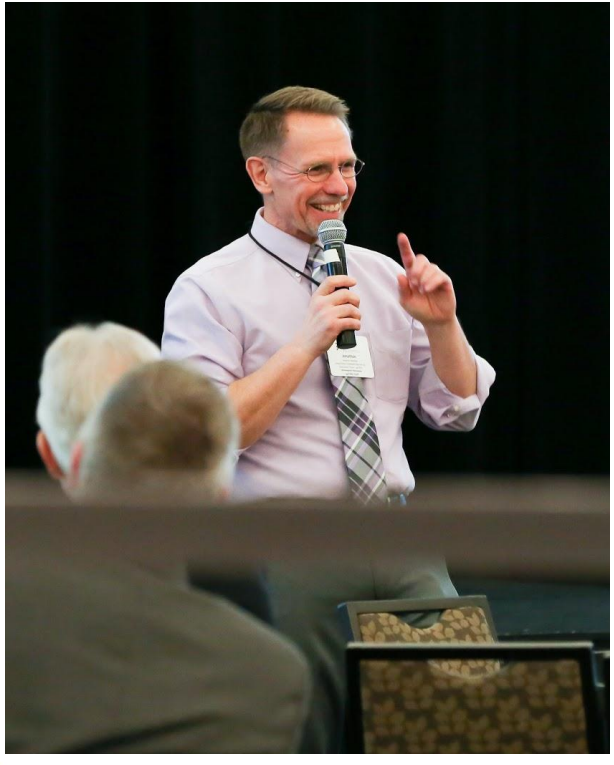

Front Desk
Interpreter
Provider
Call Patient to conduct a Pre-visit to confirm connectivity and conduct test connection. Obtain consent form signature.
1 day prior, pre-visit is conducted and is successful
No
Yes
Provider is informed and appointment is not confirmed
Schedule visit in Zoom
Morning of appointment, send Zoom link to client in Secure Messaging
Translations Services Needed
Yes
No
Schedule with Interpretter
Trouble-shoot connection and reschedule as necessary
Connect to the appointment at scheduled time
Conduct translation services
Disconnect from appointment
Appointment is activated by the provider
Client joins the virtual room
No
Yes
Conduct client visit
Document and complete client visit
Schedule Follow-Up Visit
No
Yes
BH Visit is needed
Schedule appointment with client
All forms (except consent) are completed by provider in collaboration with the client according to the indicated schedule
End Call


Front Desk
IT Site Liaison
Roomer/MA
Provider
BH Visit is Needed
Contact Patient to schedule telehealth appointment in Clinic
Appointment is scheduled Y/N
No
No appointment
End
Yes
Inform IT Liaison of date, time, length of appt., pt. name, DOB, email address.
Patient completes PRACTICE Forms through Portal, if available, or in-person. (Pt. Consent, PRACTICE access form, PROMIS, PHQ-9, GAD-7, Etc.)
Schedule next visit
At the beginning of each clinic day: ensure that the telehealth cart is set up (computer is on, connected to the internet, logged in to Zoom)
Schedule appt in Zoom under your email address
Send Zoom invite to both provider (email)
On day of visit, activate the telehealth room and logged in to Zoom
Initiate the Zoom call and admit patient from the waiting room.
Address connectivity/technology issue
No
Escort Patient to the clinic telehealth room
Confirm technology is working properly (test audio & video)
Yes
Inform Provider that patient is connected and in the waiting room.
Yes
Open Patent Record in EMR
Confirm grant forms are completed. Assist with completion if not.
Move Patient from "waiting room" to the active telehealth room
Conduct patient visit
Document and complete patient visit
Schedule Follow-up Visit
Yes
End Call, do not close Zoom
No

Summary

1. COVID-19 and the pandemic has caused unprecedented changes to the healthcare system, and more are likely coming
2. Telehealth will be part of healthcare from now on (especially primary care and behavioral health)
3. A workflow analysis is a great way to better understand, evaluate, and communicate patient flow
4. TRCs are a great (free) resource!

Contact



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http://gptrac.org

http://telehealthresourcecenters.org