



**MOUNTAIN AREA HEALTH
EDUCATION CENTER**

Telemedicine Beyond the Basics

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Disclaimer

The information in this presentation is current as of 3/27/2020.

This presentation is made for informational purposes only. Specific rules, regulations, vendor information, and requirements must be verified by the entity in order to maintain individual compliance.



Overview and Definitions

Telemedicine: refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.

Telehealth: A visit with a provider that uses telecommunication systems between a provider and a patient. The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. **Audio and Video**

Virtual Check-in: A brief (5-10 minutes) check in with practitioner and patient 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. **Non-Video**

E-Visit: A communication between a patient and their provider through an online patient portal.

Telephonic: A visit between a provider and the patient conducted via telephone. **Audio**

Distant Site: The location of the eligible healthcare provider

Originating Site: The location of the beneficiary (the patient)



Purpose and Benefits of Telemedicine

- **COVID-19 Response**
 - Prevent spread of COVID-19
 - Increase access to information and care
 - Provide support to worried patients
 - Reduce ER Visits
 - Reduce visits to office to encourage social distancing
 - Save office time for higher acuity patients
 - Protect office staff
 - Maintain Revenue




Laws and Guidelines

Licensure - Normal Guidelines (Non-Public Health Emergency)

- Understand where the clinician must be licensed
 - The North Carolina Medical Board deems the practice of medicine to occur in the state where the patient is located. Therefore, any licensee using telemedicine to regularly provide medical service to patients located in North Carolina should be licensed to practice medicine in North Carolina
 - North Carolina licensees intending to practice medicine via telemedicine technology to treat or diagnose patients outside of North Carolina should check with other state licensing boards.
 - Know where the patient lives and verify if there is a waiver.


Recap from Overview webinar

- Consider legal issues
 - Understand reimbursement
 - Understand technology requirements and needs
 - Plan and test
 - Develop practice specific workflow and policies
 - Implement Plan
 - Review results and make adjustments as needed
 - Persevere and be patient
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- A decorative background at the bottom of the slide featuring a range of green, misty mountains. The mountains are rendered in various shades of green, creating a sense of depth and atmosphere.

HIPAA and Telemedicine during COVID 19

- What is the problem I am trying to fix?
 - Short term only (Examples: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype)
 - Long term (Telehealth vendor)
 - Know bandwidth needs at the office and patient's location. Is it available?
- HIPAA
 - Short term: relaxation of regulations
 - Prudent to think about the long term requirements and how your technology partner is HIPAA compliant
 - Look for a company that will sign your Business Associate Agreement (BAA)
 - Work with Medical Malpractice Company and Attorney to review contracts and BAA
 - Know who is in the room with the patient and document

Planning and Testing

- Include staff in planning
 - Include IT staff/vendor if available
 - Think about the experience for the patient and staff
 - Create a private space for visit
 - Develop clear protocols and policies and communicate those with staff and patients
 - Know what to do when you encounter an emergency during a visit
 - Have one or two providers/CSS test with 1-2 patients
 - Refine and improve
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Practice Workflow

- Visit types to target (rechecks, vitals checks, med checks, cancellations, etc.)
- Scheduling - Set up visit type in system
- Answering phones
- Triageing
- Staffing
- Documentation
- Coding
- Billing
- Have scripts for the visit
- **ACTIVELY PROMOTE** - text, email, portal message, outgoing phone calls, convert incoming appointment requests

Scheduling Workflow

Patient called the office with the intention of cancelling a chronic condition appointment.

Patient: This is JS and I have an appointment with Dr. Y on Thursday at 3:40pm. I would like to reschedule because of the COVID. I'd like to wait until July or later.

Staff: I understand, and I have another option for you. May I schedule a Telehealth visit with your doctor the same day and same time. You wouldn't need to come into the office for this visit and can have the visit with the provider on the phone or computer. Do you have a smart phone or a computer?

Patient: Yes

Staff: Great. It is important that we work together to keep current with your appointments to make sure you are doing your best.

Patient: Super that works for me.

Staff: Ok I have you scheduled for a telehealth appointment at 3:40pm on Thursday. 10 minutes or so before your appointment you will get a text message with a link and you will use the link to have your visit with your Doctor.

Patient : Wow that is easy

Staff: Is there anything else I can help you with today?

Patient : No I am good thank you and stay well

Clinical Support Staff “Rooming”

- CSS/MA calls patient before appointment, earlier in the day to discuss how the visit will go
- Ask for 2 identifiers
- Obtain verbal consent and document
- Verify provider
- Verify reason for visit, medications, allergies
- Verify patient has a smart phone, internet connection, any other technology needed for the visit.
- Reminds patient to charge needed device prior to visit
- Ask patient to have visit in private area, preferably with a door
- Ask patient to be ready for visit 5 minutes before
- Verify patient’s insurance and let them know co pays will apply
- Let the patient know a link will come to the phone about 10 min. prior to appointment

Provider Workflow

- Location for private conversation and interaction
- Confirm identity of patient-2 identifiers
- Determine who is in the room with patient and document
- Provide credentials of the clinician to the patient
- Notify the patients of the following:
 - limitations with ordering lab tests or prescriptions, especially controlled substances
 - limitations of not having certain devices (i.e., stethoscope, otoscope, bp machine, etc.)
 - interruptions may occur due to technology
- Conduct visit

Telehealth Etiquette

- Test the equipment. Take time to experiment and practice with the platform.
- Ensure your equipment is charged as needed.
- Be aware of what is shown on the screen
- Close door of video room if near a high traffic area.
- Use natural gestures when you speak and avoid too much movement.
- Talk slowly to the camera...not your reflection or the patient's picture on the side.
- Speak in your normal voice without shouting.
- Ask the patient if they can hear you.
- Do not be afraid to ask questions about a noise you hear.
- Do not place papers or objects near the microphone.

Telemedicine from home? Mask you number!

- **When Performing Telehealth from Home:**
- When providers are doing telephone/telehealth visits from home – they should mask their number using carrier specific codes prior to the call
 - AT&T - Dial **#31#** (plus the 10-digit number) on a per call basis to block outgoing Caller ID
 - Verizon - Dial ***67** (plus the 10-digit number) on a per call basis to block outgoing Caller ID

Resources

CDC: www.cdc.gov

CMS: www.cms.gov

NC DHHS: www.ncdhhs.gov

BCBSNC: <https://blog.bcbsnc.com/coronavirus-providers/>

United HealthCare: <https://blog.bcbsnc.com/coronavirus-providers/>

MAHEC Practice Support: <https://mahec.net/innovation-and-research/practice-consulting/resources>

ECHO Series

- Wednesday, April 1: Virtual Visit Options
- Friday, April 3: Billing by Payer
- Monday, April 6: Telemedicine Platform Options
- Wednesday, April 8: TBD
- Friday, April 10: TBD

MAHEC PRACTICE SUPPORT

For any questions and assistance, we are here as your regional AHEC support team: Tammy Garrity, Terri Roberts, Julie Shelton, Michael Melrose, Mark Holmstrom.

Please call or email:

practice.support@mahec.net

828-407-2199

<https://app.smartsheet.com/b/form/3f83dc7cf081482aa5730243f7288079>

What matters to you, matters to us!