USE OF TELEMEDICINE IN PRIMARY CARE

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DISCLOSURES

- No relevant commercial relationships to disclose.

LEARNING OBJECTIVES

At the conclusions of this presentation, participants should be able to:

- Explore the challenges, limitations and opportunities for Health Care Providers (PA, Physicians, NPs) in telemedicine
- Identify the benefits of telemedicine services for patients, families, providers, health systems and communities
- Identify patients appropriate for a telemedicine encounter.
- Analyze the legal aspects of telemedicine.
- Interpret CMS policies impacting telemedicine practice
- Utilize existing resources to support telemedicine practice.

TERMS

- ***Telemedicine***-the sure of electronic communication and information technologies to provide or support clinical care at a distance
- ***Hub site-*** location of healthcare provider(s)
- ***Spoke site-*** location of patient
- ***Telepresenter***-person who facilitates exam at the spoke site
- ***Remote patient monitoring***-*uses* digital devices or sensors in the patients' setting (home, SNF, hospital, etc.)

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COMMON PRACTICE CONCERNS

- Technology requirements
- HIPAA compliance
- Training time for providers and patients
- Patient preferences
- Licensing boards/credentialing
- Coding/Billing/Reimbursement
- Malpractice/Liability
- Lack of a traditional "Physical Exam"

LIABILITY

- Telemedicine is plagued by a number of liability concerns.[8] First, there is the possibility that a patient may perceive it as inferior because the consulting professional does not perform a hands-on examination. Therefore, the distant provider, who has not personally examined the patient and may be relying on another presenter, might not be able to render a fully informed opinion or could end up with results that are inaccurate, incomplete, or misleading. Major issues include questions of liability when information provided over the telephone is misinterpreted.[1]

REIMBURSEMENT

- These 2 items represent major barriers to the growth and practice of telemedicine and need to be addressed in the context of technology-enhanced interventions. There have been incidents in which practitioners were eligible for reimbursement of the costs associated with telemedicine services and problems with how they are paid.
- Although healthcare professionals are only licensed to practice within certain jurisdictions, telemedicine requires multi-state licensure, both for their primary province and for the jurisdiction in which services are rendered. Applications for licensure in different states can be lengthy and expensive, with the ultimate result being restricting access to services.
- There are different practice provisions across the country, and the uncertainties related to licensure may be subject to malpractice lawsuits and questions about how that liability might be distributed, which will continue to hamper access to telemedicine.

PRIVACY AND CONFIDENTIALITY

- Telemedicine should not create greater concerns about or risks to medical record privacy than any other form of consultations—in the United States, it is subject to Health Insurance Portability and Accountability Act (HIPAA) regulations.[1] Although patients require continuous support and education, the privacy, security, and confidentiality of their data must be maintained at all times. Only authorized users—those who are directly involved in the ongoing care and treatment of a patient—and those having a legal right and clear need to approach the systems where the information resides have access to this information. This restricted access increases patient safety and reduces anxiety regarding misuse and availability of personal information. Maintaining the privacy and confidentiality of telemedicine services is crucial to acceptance by consumers and healthcare professionals; these providers must adhere to all data privacy and confidentiality guidelines.[4] Nurses and other healthcare professionals need to be mindful of these issues, especially when technicians not bound by professional codes of ethics are present at telemedicine sessions.[1]

SECURITY

- Protection of information and computer systems should receive top priority. Security mechanisms use a combination of logical and physical restrictions to provide a greater level of protection, including firewalls and antivirus and other software that detects malicious programs and spyware. An example of a logical restriction is automatic sign-off; the operating system should lock down after a specified period of inactivity.[1] In addition, the constant creation of new viruses makes it necessary to update antivirus software often. These measures should be reevaluated periodically to determine what modifications need to be made.
- Information security training and education are important components in fostering proper system use. Most problems with information system security are primarily related to the human factor rather than the technical one. Support staff should be capable, flexible, and experienced. Technical support staff who are present during the exchange of client information need to be aware of institutional policies, procedures, and laws (such as HIPAA) that are designed to protect client privacy. These individuals should sign the same sort of statement that clinical personnel sign on when receiving their information system access code. In the case of home monitoring, support is crucial to help participants feel comfortable with the technology, particularly when using the internet and Web applications.[10]
- Additionally, secure modems and encryption are particularly useful in conjunction with remote access. System security involves protection against deliberate attacks, errors, omissions, and disasters. Good system management is a key component of a strong security framework because it encompasses monitoring, maintenance, operations, traffic management, supervision, and risk management. Greater awareness, sufficient resources, and an organization-wide commitment to information security are needed.[1]

QUALITY

- Speed and access to information at any time, from any place, are essential to maintaining a high quality of service; slowdowns or outages in service are not acceptable.[1] Descriptions of some telemedicine applications describe inadequate funding to establish and maintain the technological infrastructure needed.[11] In certain cases, nurses are responsible for the set-up and basic support of telemedicine devices. Although the wisdom of this approach may be questioned in light of the limited availability of nurses, it can be used as an opportunity to establish rapport and comfort with the technology.[12] Equipment capable of transmitting and receiving diagnostic-grade images can be cost-prohibitive—although costs are declining—but it is significantly less costly than that of an inpatient admission.
- There are 2 other major issues surrounding the quality of telemedicine services. The first is that services must be at least of the same quality as traditional services, particularly for reimbursement services. The second is the paradox that geographically isolated populations stand to derive the largest benefits from telemedicine although they have limited access to traditional healthcare services and often have the poorest infrastructure, resources, and capability to support telemedicine.[13] Telemedicine visits can require extra time for equipment management and transmittal of prescriptions.[14] There is also a need for extensive research to establish effectiveness and cost and quality relationships.[15]

BENEFITS OF TELEMEDICINE

- Supports efforts to significantly improve the quality of healthcare
- Increases accessibility and efficiency through reducing the need to travel
- Providing clinical support
- Facilitates team-based approach
- Overcoming geographic barriers
- Offers various types of communication devices
- Involves the patients, family members and caregivers in their own care
- Improves patient outcomes

EXAMPLES OF BENEFITS

- Using telemedicine technology to remotely monitor health, such as through the use of smart surveillance cameras and analytical software, can be used with elderly clients to notify their caregivers of changes in activity, falls, or lack of movement. This type of care can reduce costs, potentially keep these older individuals in their own homes longer, and help providers to more easily tailor treatment according to a patient's choices and availability of services.[5] This is particularly important as the 65-years-and-older population explodes without a concomitant increase in funds for healthcare services. It is estimated that by 2030, individuals 65 years or older will represent 20% of the US population. Therefore, Medicare and Social Security programs will face financial challenges as the ratio of individuals paying taxes to retirees receiving benefits will drastically diminish.[3]
- Use of telemedicine also has the potential to help patients become more involved in their healthcare plan and increase their autonomy.[3] Patients who require wound care are another population that can be managed well at home through telemedicine applications. For instance, telemedicine facilitates communication among: a) a tissue viability nurse at a patient's home who evaluates the patient's condition via wound description and photographs that are entered into the database, b) another tissue viability nurse working in an outpatient clinic at a different hospital, and c) a physician who is highly interested in wound care working in a different healthcare facility.[6]
- A Web-based solution for care coordination can integrate information from biometric measures and diagnostic tests and automatically alert clinician of panic values. As an example, "Health Buddy," an in-home communication device, can be used to provide heart failure disease management,[7] with biometric measurements (eg, heart rate and pattern, blood pressure, respiratory rate, fetal heart rate) able to be monitored at another site. Women with high-risk pregnancies, individuals with diabetes, and cardiac and postoperative patients can also be monitored at home. The device prompts the appropriate patients to take their medicine and keep their legs elevated when sitting and monitors subjective reports of difficulty breathing or increased edema. On the other end of the connection, nurses receive alerts when problems are indicated.

FOUR CLINICAL APPLICATIONS OF TELEMEDICINE

- 1) Real-time interactive mode
- 2) Store-and-forward mode
- 3) Remote monitoring
- 4) Communication via telephone

TELEMEDICINE OFFERED PRIOR TO PANDEMIC

Indicators of telemedicine access and use by age, race and Hispanic origin, sex, education, urbanization, and chronic conditions

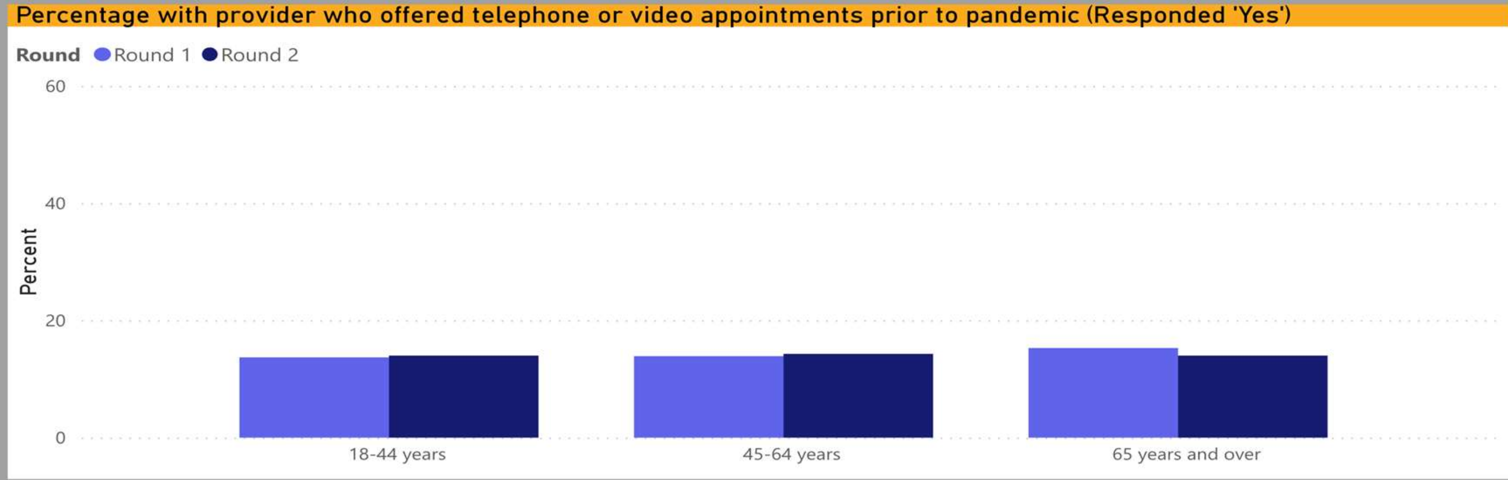
Select Indicator

Provider offered telemedicine prior to pandemic

Select Group

Age group

Percentage with provider who offered telephone or video appointments prior to pandemic (Responded 'Yes')



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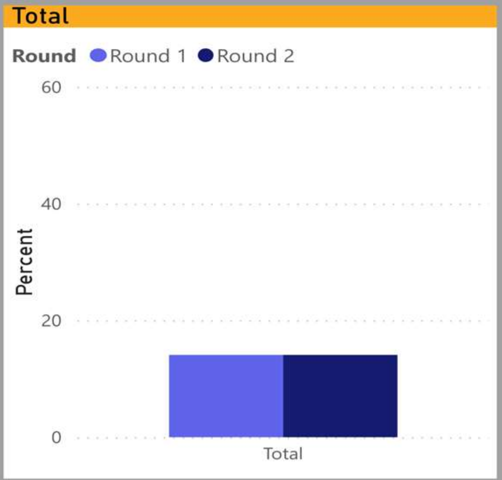


* Estimate does not meet NCHS standards of reliability
† Differences between rounds 1 and 2 are statistically significant at the 0.05 significance level. Significance is indicated in the Data Table only.
NOTE: For each row, column percents may not sum to 100% due to rounding. The response 'Yes' shown in the Bar Charts are compared to the 'No', 'Don't Know' and 'No usual place of care' categories (for the indicators provider offers telemedicine and provider offered telemedicine prior to the pandemic) or 'No' and 'No Telemedicine Available' categories (for the indicator scheduled one or more telemedicine appointments). The category 'No Telemedicine Available' in the Data Table for the indicator scheduled one or more telemedicine appointments includes those whose provider does not offer telemedicine, those who do not know if their provider offers telemedicine, and those with no usual place of care. Estimates for the response 'Yes' are influenced by responses to other categories and may contribute to differences identified in the Bar Charts and Data Table between each round. See Technical Notes for more information about the content and design of the survey and for more information on the statistical test used to compare the experimental estimates from rounds 1 and 2.
SOURCE: National Center for Health Statistics, Research and Development Survey, RANDS during COVID-19, 2020

PROVIDERS OFFERING TELEMEDICINE (ACROSS THE LIFESPAN)DURING PANDEMIC

Indicators of telemedicine access and use by age, race and Hispanic origin, sex, education, urbanization, and chronic conditions

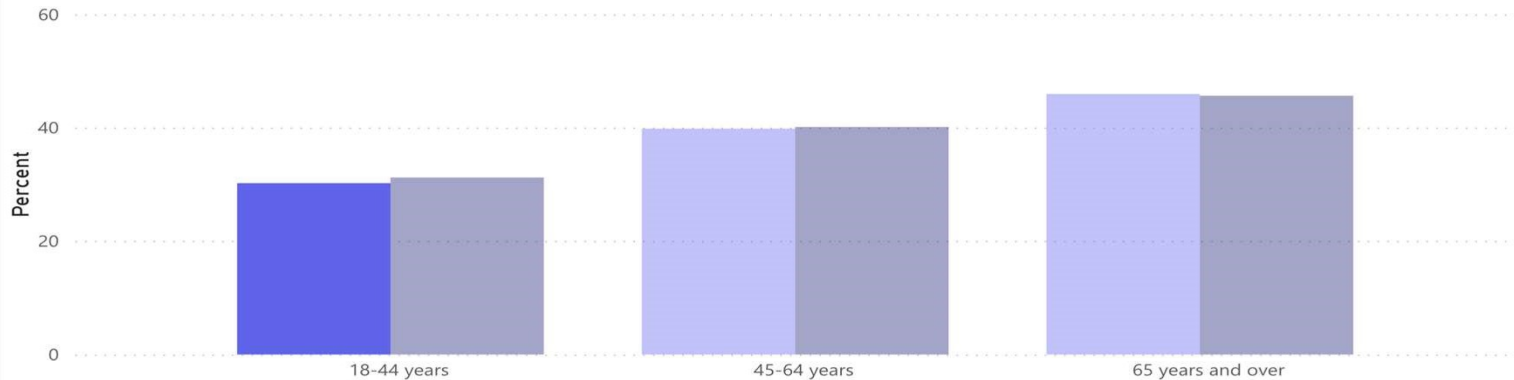
Select Indicator

Provider offers telemedicine

Select Group

Age group

Percentage with provider who offered telephone or video appointments (Responded 'Yes')



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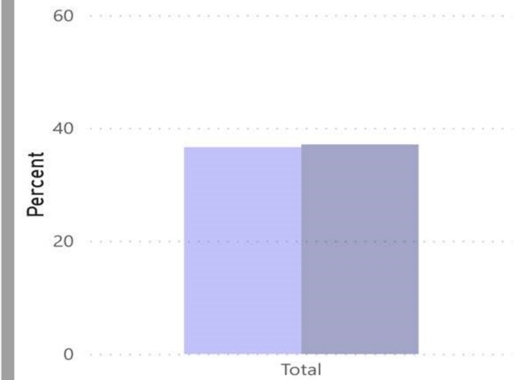

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SOURCE: National Center for Health Statistics, Research and Development Survey, RANDS during COVID-19, 2020

CDCP-National Centers for Health Statistics at https://www.cdc.gov/nchs/covid19/rands/telemedicine.htm

SCHEDULED ENCOUNTERS (FOR CHRONIC CONDITIONS) DURING PANDEMIC

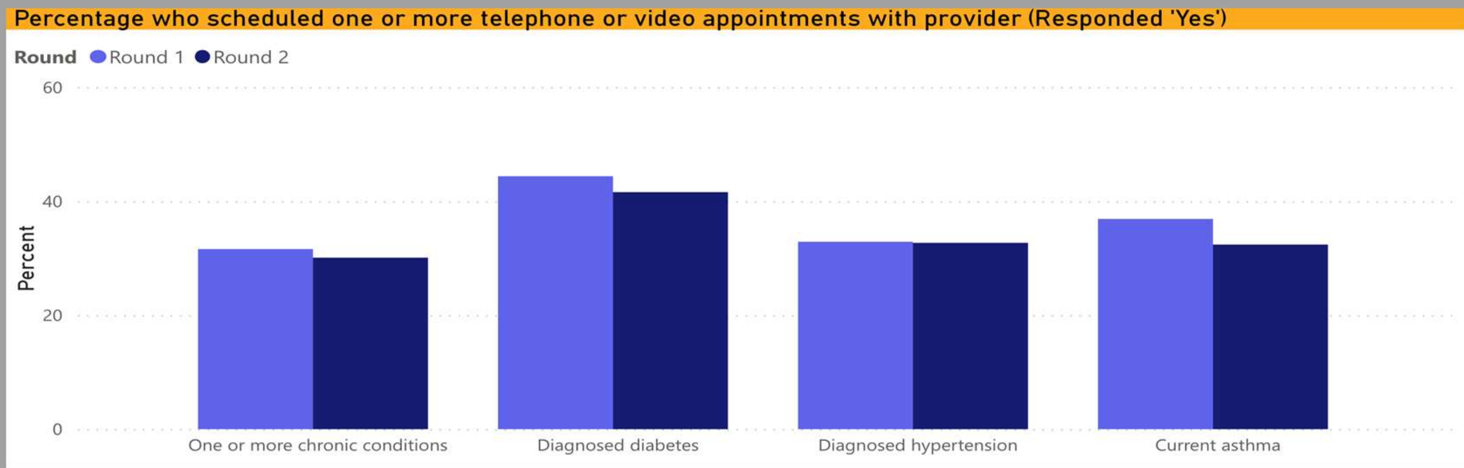
Indicators of telemedicine access and use by age, race and Hispanic origin, sex, education, urbanization, and chronic conditions

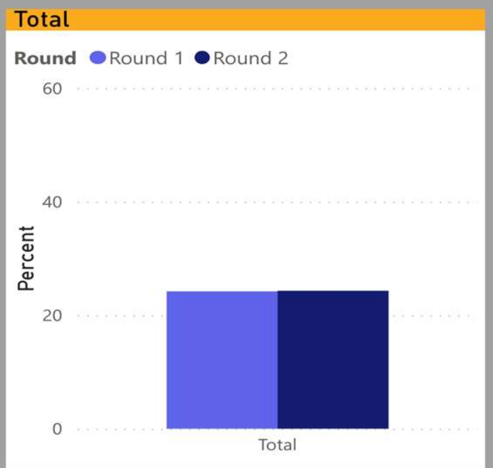
Select Indicator

Scheduled one or more telemedicine appointments

Select Group

Chronic conditions





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SOURCE: National Center for Health Statistics, Research and Development Survey, RANDS during COVID-19, 2020

RE: 1135 WAIVERS

- When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to his/her regular authorities.

- Under section **1135 of the Social Security Act**, he/she may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

- These waivers typically end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

SIX KEY CHANGES DURING COVID-19 PANDEMIC AND STATE OF EMERGENCY "1135 WAIVER"

- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:

1) Effective ***March 6, 2020*** and throughout the national public health emergency, Medicare will pay physicians/providers for telehealth services **at the same rate as in-person visits for all diagnoses**, not just services related to COVID-19.
2) Patients can receive telehealth services **in all areas of the country and in all settings, including at their home**.
3) **CMS will not enforce a requirement that patients have an established relationship** with the physician providing telehealth.
4) **Physicians can reduce or waive cost-sharing** for telehealth visits.
5) **Physicians licensed in one state can provide services to Medicare beneficiaries in another state**.
6) HHS Office for Civil Rights (OCR) now **more flexible regarding video platforms** video

1) SERVICES REIMBURSED AT THE SAME RATE AS IN-PERSON VISITS FOR ALL DIAGNOSES DURING COVID-19 PANDEMIC

- ALL rates the same as in-person visits
- ALL diagnoses-not just COVID related
- Prior to this waiver Medicare could only pay for **Medicare telehealth visits** on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.
- Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare started making payment for brief communications or **Virtual Check-Ins**, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for **E-visits**, which are non-face-to-face patient-initiated communications through an online patient portal.
- Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

3 TYPES OF MEDICARE

- **MEDICARE TELEHEALTH VISITS**: Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.
- 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. Distant site providers who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- **VIRTUAL CHECK-INS:** brief communication technology-based service
- **E-VISITS:** non-face-to-face patient-initiated communications (via secure patient portal)

2) SERVICES IN ALL AREAS OF THE COUNTRY AND IN ALL SETTINGS
DURING COVID-19 PANDEMIC

- *While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.*

- *Regardless of the location of the provider.*

3) **ESTABLISHED RELATIONSHIP WAIVED** DURING COVID-19 PANDEMIC

- 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.

- Therefore, new patients can be seen via telemedicine platforms and billed as established patients thereafter.

4) **REDUCED OR WAIVED COST-SHARING** DURING COVID-19 PANDEMIC

- HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

- Prior to this waiver, Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

5) PROVIDER STATE LICENSURE DURING COVID-19 PANDEMIC

- Must be licensed in ANY state (at least one)
- Can provide services under CMS to patient in any location

6) PLATFORM CHANGES DURING COVID-19 PANDEMIC

- Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
- OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Under this Notice, covered health care providers may use popular applications that allow for video chats, including **Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype,** to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA (Business Associate Agreement).
- **Skype for Business / Microsoft Teams**
- **Updox**
- **VSee**
- **Zoom for Healthcare**
- **Doxy.me**
- **Google G Suite Hangouts Meet**
- **Cisco Webex Meetings / Webex Teams**
- **Amazon Chime**
- **GoToMeeting**
- **Spruce Health Care Messenger**

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

GENERAL CONSIDERATIONS IN INTEGRATING TELEMEDICINE VISITS

- Assessment-Service Lines, Equipment, Workflow
- Choose a technology platform-there are so many options!
- Reimbursement training for providers/coders/office staff
- Staff acceptance-will they work remotely?
- Scheduling consideration
- Marketing
- Inventory of patients who will be good candidates

TAKING A STEP WISE APPROACH

- 1. **Identify Your Mission and Goals (short term and long term)**
- 2. **Identify Your Patients (stratify their risks)**
- 3. **Create a Relevant Profile**
- 4. **Manage Your Licenses**
- 5. **Research HIPAA-Compliant Platforms**
- 6. **Reach Out to Others**
- 7. **Acquire Legal Consultation**
- 8. **Assess Needs and Identify Resources**
- 9. **Set Up Your Office**
- 10. **Engage in Networking**

Adapted from https://telemedicine.arizona.edu/blog/telemedicine-checklist

1. IDENTIFY YOUR MISSION AND GOALS

- Before you do anything to start the process at all, you must ask yourself certain questions:
- Why do you want to engage in telemedicine?
- What are your goals?
- Do you want to grow your practice?
- Are you interested in increasing access?
- Are you interested in saving time or making extra money?
- Do you think these goals are feasible?
- It is imperative to have the answers to these basic questions in mind, so you know which path to take right from the beginning.

2. IDENTIFY YOUR PATIENTS

- Once you know what you want to do and have a rough plan on how to achieve it, you must determine your target market and create your patient panel:
- Do you want to acquire new patients or merely communicate better with your existing patients?
- Which areas will your patients be in?
- What health issues will you focus on?
- Will your patients be tach-savvy millennials or older patients with caregivers?
- Knowing your patient panel will automatically narrow down and simplify the next steps in the process.

PRIMARY CARE CLINICAL USE INDICATIONS

- Diabetes
- Hypertension
- Coronary artery disease
- Cardiac arrhythmia
- End stage renal disease
- Hepatitis
- Asthma/COPD
- Obesity
- Oncologic co-morbidities
- Neurodegenerative diseases

- Patients who have treatment plans that frequently are adjusted and closely monitored can be managed via telemedicine.
- Video-based follow-up appointments may involve:
  - Med adjustments
  - Managing side effects
  - Lab results
  - Tx plan management

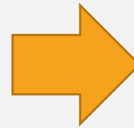
PRIMARY CARE CLINICAL USE INDICATIONS

- Wellness exam follow-ups are excellent for telemedicine
- Visits can focus on lifestyle changes, and basic health education, follow up regarding lab or imaging results, vaccine review, screening recommendations.

- Imaging Results
- Clinical Laboratory Test Results
- Specialist Consult Results
- Vaccine Review
- Screening guidelines
- Prevention and Wellness
- Lifestyle modifications

Remote Patient Monitoring

Conditions Monitored:



- Asthma
- Diabetes
- Hypertension
- Cancer Patients
- Congestive Heart Failure
- Hip and Knee Replacement
- Chronic Obstructive Pulmonary Disease
- Wellness and Population Health Management

3. CREATE A RELEVANT PROFILE

- As a Provider, while you may have all your work experience listed down on your resume, it is essential to update it with consideration to things like your prescribing privileges.
- Regarding all Providers in the practice:
- In what populations, settings and levels of acuity have you worked?
- Highlight active, inactive and expired licenses, since these are critical in matching you with potential positions and patients.
- Highlight any previous telemedicine, on call, triage or medical house calls practice experience.
- Do you have any CAQs or plans to do so?
- Any fellowship or Residency experience?
- Any mission or volunteer work?
- You should also emphasize on the additional skills needed for a telemedicine provider, for example, listening and conversational skills, additional languages spoken, EHR and prescribing platforms.

MARKETING

- Publicize your offerings
- Post notices in waiting rooms
- Practice website
- Make automated email or phone call announcements to patients
- Use social media
- Radio
- Television
- Word of Mouth
- Health Departments
- Sports events

4. MANAGE YOUR LICENSES

- Having multi-state licenses will ensure that you get the most-suited telemedicine position.

- While telemedicine recruiters may help you in obtaining licenses, there is no denying that they are looking for providers who already have licenses secured before they apply for the job.

- Many states are now offering reciprocity agreements if a Provider has another unrestricted state licenses.

- In emergencies like natural disasters or pandemics, many states offer expedited licensure processes.

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5. RESEARCH HIPAA-COMPLIANT TELEMEDICINE PLATFORMS

- When considering where to apply, you must research which telemedicine platforms are HIPAA compliant.
- You should also consider the following:
- What is the cost?
- Are they cloud-based?
- What equipment do they require?
- What are the training requirements and options?
- What are the billing procedures?
- Will you need IT support?
- Interfacing-Will you be able to import patient data into your EHR, prescribing platform etc.?

6. REACH OUT TO OTHERS

- Do some research on the latest clinical outcomes and trends in telemedicine.
- While you may research online, remember that this area of medicine is still relatively new.
- Following this, make sure you speak to others and listen to their experiences.
- Consider part-time, PRN/IC work before committing to a full-time telemedicine practice.

7. ACQUIRE LEGAL CONSULTATION

- It is wise to obtain legal advice on your telemedicine contract before you finalize it.
- This is especially necessary and beneficial if there are two or more organizations involved through your telemedicine practice.
- You must take into account state laws like prescribing laws, which may be different in the area your patients are.
- To keep a track of these matters, it is recommended that you have a legal counselor's services handy.

8. ASSESS NEEDS AND IDENTIFY RESOURCES

- Identify the needs of your telemedicine practice and identify the resources that you have at hand, and those you will need to acquire.
- At this point, you will also have to determine whether you need a team. If you do, you must focus on administrators, finance managers, clinical operations supervisors, and technical support personnel.
- Technical Support must ALWAYS be available for patients during hours of operation and for a pre-training session.

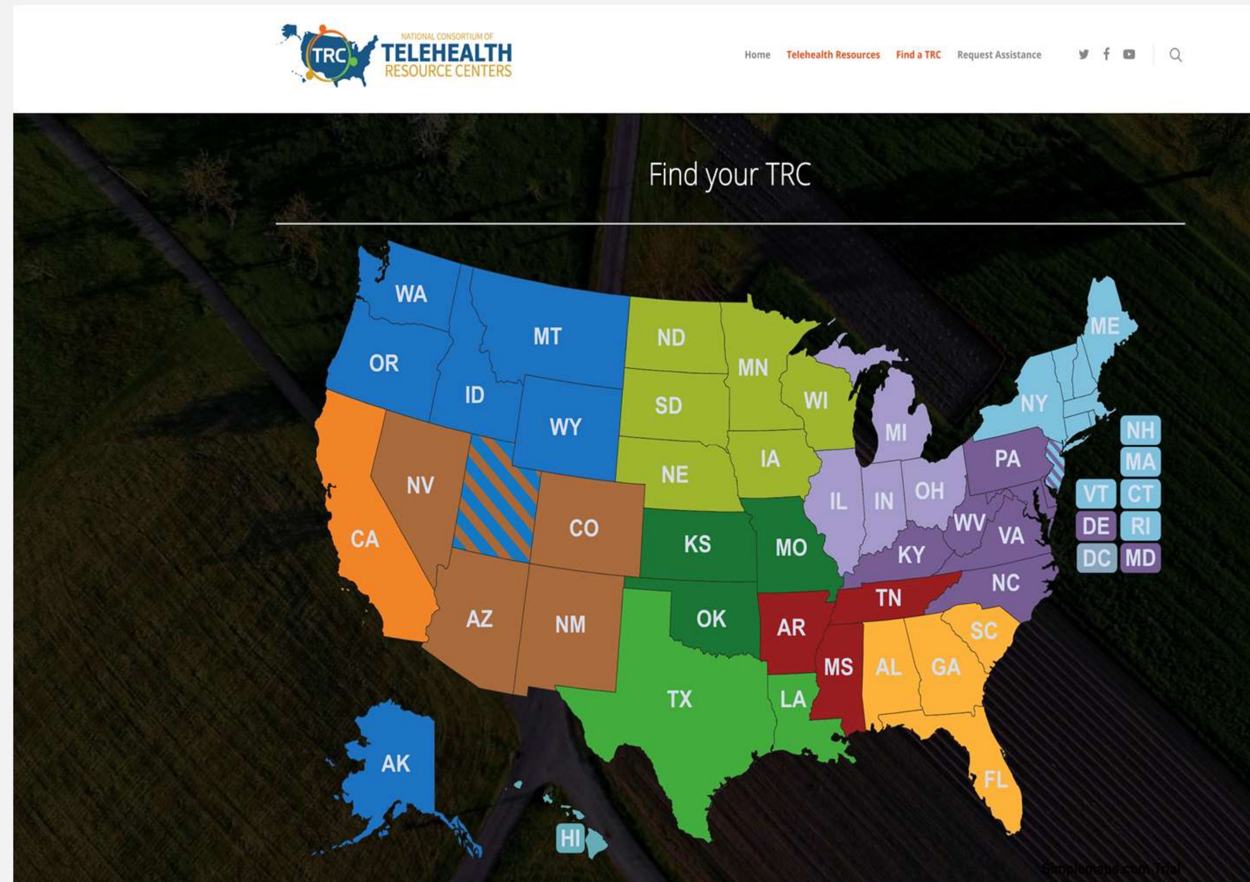
COMMUNITY RESOURCES-BY STATE

- Telehealth Resource Centers https://www.telehealthresourcecenter.org/ :

  14 TeleHealth Resource Centers (12 Regional and 2 National) funded by the Federal Office for the Advancement of Telehealth through a grant program to provide support and guidance to Telehealth programs.

  Mission is to serve as a focal point for advancing the effective use of Telehealth and support access to Telehealth services in rural and underserved communities in the various regions of the United States.

  Have extensive Telehealth experience **and can provide services, education, training , resources and tools to both developing and operating programs.** https://www.setrc.us/



PROVIDES TECHNICAL ASSISTANCE

Assist health care organizations, networks and Physicians/Providers to implement cost-effective telehealth programs

Advance the effective use of telehealth technologies

- Equipment
- Practice Guidelines
- Program Design
- Reimbursement
- Business Models

HOW TRCS CAN HELP. . .

- On-line resources
- Webinars and workshops
- Presentations
- Staff training
- Peer to peer connections
- Consultation services

…*and more!*

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National Telehealth Technology Assessment Resource Center

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Technology Evaluation Toolkits

Choose one of our telehealth technology-related toolkits to read at your convenience!

LIVE TWITTER FEED

9to5mac has details on who in the house of Apple might be working on mobile health. Interesting to see their team. — 5 months 1 week ago

The **National Telehealth Technology Assessment Resource Center** aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of technology assessment, the TTAC (pronounced *"tea-tac"*) aims to become the place for answers to questions about selecting appropriate technologies for your telehealth program. More information »

Recent Toolkits

mHealth App Selection

Keeping up with mHealth developments and industry innovations is a never-ending process. TTAC's last toolkit provided an overview of the mHealth market, with general discussion of devices, definitions, and how mHealth may benefit your organization. While that toolkit focused on mobile devices, this toolkit will look beyond the devices and explore how to choose an mHealth application (or simply "app") for use in your organization or home.

Guidance Documents

Need guidance? We've got it! The national group of Telehealth Resource Centers has worked together to create a range of documents to offer clarification on key telehealth topics.

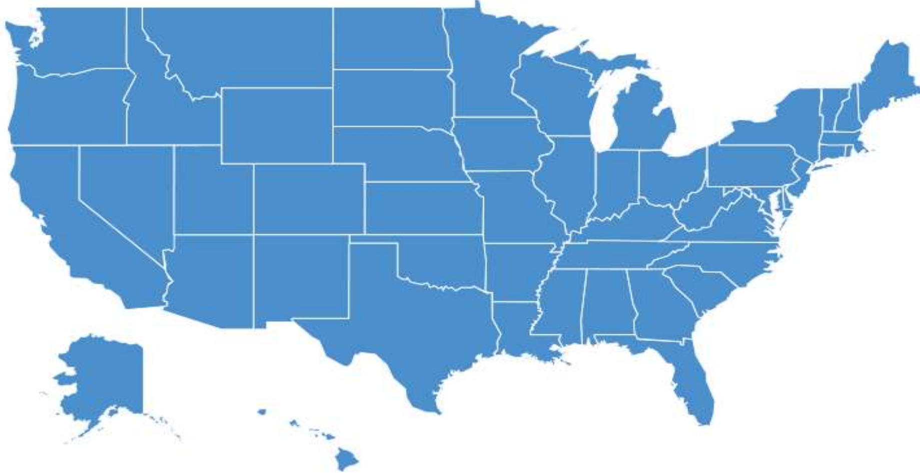
A Framework for Defining Telehealth

Oto HOME (Cellscope)

Wireless Video Otoscope (Firefly)

Horus Scope (Jedmed)

http://cchpca.org/



The Center for Connected Health Policy helps inform about telehealth-related laws, regulations, and Medicaid programs. They cover current and pending rules and regulations for the U.S. and all fifty states.

9. SET UP YOUR OFFICE

- This is perhaps the most important part of the telemedicine experience, because you will have to pick the perfect place to facilitate your telemedicine practice.
- Ideally, this can be a quiet and secluded corner of your home and must be set up to look professional on video calls. It is also important to make sure you acquire the best technological equipment, since your computer and your internet connection will be your most important tools in the process.
- Backup plans for wireless service is strongly recommended.
- Have dedicated internet service if needed.

PHYSICIAN/PROVIDER (AKA) DISTANT SITE

- **Telemedicine Equipment and Space?**
  - **Desktop or Laptop**
  - **Webcam and Audio**
  - **Privacy**
  - **Acoustics**
  - **Comfort**
  - **LIGHTING!**

Patient Site (aka- Spoke Site)

10. ENGAGE IN NETWORKING

- Insert yourself into the right circles of providers and resources.
- Get involved in telemedicine groups such as the AAPA constituent group-
- PAs in virtual and telemedicine-Facebook, Blogs, LINKEDIN, etc
- Attend telemedicine webcasts and CMEs and document those on your cv/resume.

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS WEBINAR

The National Consortium of Telehealth Resource Centers presents a topic of current interest in Telehealth on the 3rd Thursday of every month.

For more information, to register or to view past webinars, please go to:

http://www.telehealthresourcecenter.org/

LEGAL ASPECTS OF TELEMEDICINE

- Medicaid reimburses for real time interactive telemedicine according to administrative code, but historically, Medicaid Manuals only indicate reimbursement for behavioral medicine.

- Telemedicine is *USUALLY* available for use by all providers of Medicaid services that are enrolled in or registered with the state Medicaid program and who are licensed *within their scope of practice* to perform the service.

LIABILITY INSURANCE

- Liability insurance considers the following:
  - Age range of patients being treated
  - What type of practice (surgical, medical, urgent care, pediatrics, OB, etc.)
  - What volume of patients
  - Litigation activity in the **PROVIDER's geographic location** and the **practice type** are used to calculate risk.
  - Premiums are then calculated relative to risk.

COMMUNITY RESOURCES (2)-CMS

- Centers for Medicare Services Telemedicine Toolkit: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf
- The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries **can receive a wider range of services** from their doctors without having to travel to a healthcare facility.
- CMS is expanding this benefit **on a temporary and emergency basis** under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.
- Under this new waiver, **Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020**. A range of providers, such as doctors, PAs, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare.

UPDATE: 2021CMS PHYSICIAN FEE SCHEDULE RULE
(DEC 1, 2020)

Effective Jan 1, 2021:

DIAGNOSTIC TESTS

As part of the final 2021 Physician Fee Schedule, the Centers for Medicare and Medicaid Services (CMS) permanently authorized PAs to supervise clinical staff who perform diagnostic tests for Medicare beneficiaries. Formerly, only physicians had been granted this supervisory authority. PAs already had the authority to personally perform all diagnostic test in accordance with state law.

- A COVID-19 Public Health Emergency (PHE) waiver gave PAs temporary authority to supervise diagnostic test, but that authorization will expire when the PHE ends.
- Under the new rule, effective January 1, 2021, PAs will be able to engage in other clinical responsibilities while simultaneously providing supervision for clinical staff who perform diagnostic tests that don't require the personal presence of a PA or physician.

Telehealth Services
While adding a number of additional services that can be provided via telehealth, CMS stated it does not have the statutory authority to authorize permanent payment for telehealth delivered in non-rural areas or for any patients located in their homes. COVID-19 PHE waivers currently allow Medicare coverage for telehealth services in urban areas and for beneficiaries in their homes.

- CMS will not reimburse for audio-only telephone E/M services after the PHE ends. The agency proposes to create a new virtual check-in code for longer conversations.

Office E/M Documentation
CMS also confirmed that Evaluation and Management documentation guidelines for office services will be based on either medical decision-making or time. Recording the history and exam are still necessary components for the medical record but will not be used to determine the visit level code submitted for reimbursement.

Available at https://www.cms.gov/files/document/12120-pfs-final-rule.pdf

TYPES OF CMS SERVICES, CODES, REQUIREMENTS

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: • 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.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Reimbursement

4 KEY AREAS:

Medicare Reimburses,

but dictated by 4 key areas

1. Is the Patient in a Healthcare Provider Shortage Area (HPSA)?
2. Is the Patient in an Eligible Facility?
3. Are the Services within the CPT code Range?
4. Is the Provider Eligible?

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Is the Patient in a HPSA?

HTTPS://DATAWAREHOUSE.HRSA.GOV/TOOLS/ANALYZERS/GEO/TELEHEALTH.ASPX

Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site* payment.

Authorized originating sites which meet the following criteria shall be designated as eligible for Medicare telehealth payment:

» Analysis indicates that the address does not fall in a metropolitan statistical area **OR**
» If address falls in a metropolitan statistical area, then the address must be in a rural area and be in a geographic Health Professional Shortage Area (HPSA).

All data on eligibility for Medicare telehealth payments is updated once each year. The results of the analyzer are consistent across the entire calendar year and will be updated on January 1 of the following year.

For questions or clarification on geographic eligibility for Medicare telehealth payments, contact Steven Hirsch at the Federal Office of Rural Health Policy, 301-443-7322.

For more detailed information on Medicare telehealth payments, contact your local Telehealth Resource Center (TRC).

Additional Tools

» Definition of Rural Area
» Medicare Telehealth Information
» Shortage Designation Home
» Who is your TRC?

Search Criteria

Please provide a street address, city, and state **or** a street address and ZIP Code.

Street Address:

City:

State:

ZIP Code:

Eligible Facilities
“Originating Sites”

- Offices of a Physician or Practitioner
- Hospitals
- Critical Access Hospitals
- Community Mental Health Centers
- Skilled Nursing Facilities
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-Based or Critical Access Hospital (CAH)-Based Renal Dialysis Centers (including satellites)

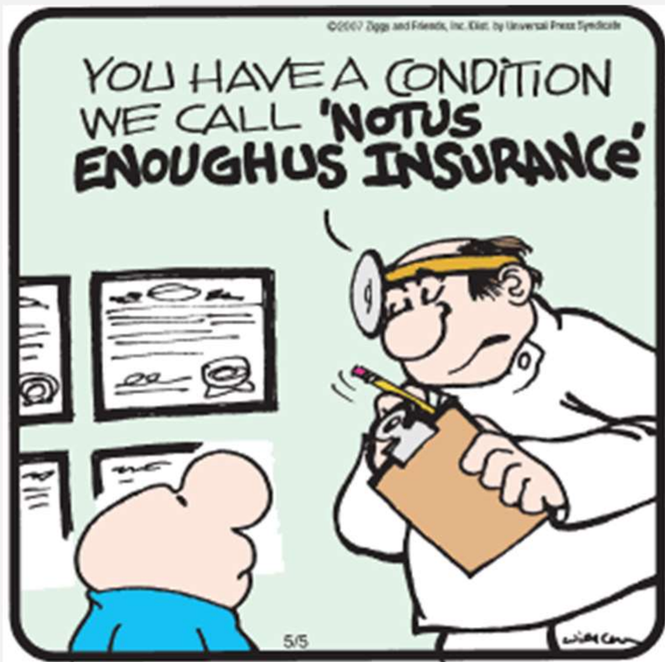
PROVIDER TYPES

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Nurse Midwife
- Registered Dietitians or Other Nutrition Professional
- Clinical Social Worker
- Clinical Psychologist

TELEHEALTH MODIFIERS

- Providers bill same codes as face-to-face visits, with (POS) 02: Telehealth
- If billing under CAH Optional Payment Method submit claims using GT modifier.
- 2018 – Modifier 95
- Originating (patient) site can charge a facility fee, Q3014

HOW TO GET PAID!



- Use appropriate CPT Code
- This does not mean you will always be reimbursed
- If you bill a private payer or CMS and are not reimbursed you must bill the patient (Medicaid is the exception)
- Medicare allowed to determine services eligible for reimbursement.
  - Allows approx. 80 codes
  - Updated once per year in PFS
- Reimbursement for non face-to-face chronic care management
  - Telehealth restrictions don't apply

MEDICARE REIMBURSED SERVICES

SERVICE	HCPCS CODE	CPT CODE
Telehealth consultations, emergency department or initial inpatient	G0425-G0427	
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406-G0408	
Office or other outpatient visits		99201-99215
Subsequent hospital care services, w/limitation of 1 telehealth visit every 3 days		99231-99233
Subsequent nursing facility care services, w/limitation of 1 telehealth visit every 30 days		99307-99310
Individual and group kidney disease education services	G0420-G0421	
Individual & group diabetes self-management training services w/min. 1 hour of in-person instruction in initial year training period to ensure effective injection training	G0108-G0109	
Individual & group health & behavior assessment & intervention		96150-96154
Individual psychotherapy		90832-90834, 90836-90838
Telehealth Pharmacologic Management	G0459	
Psychiatric diagnostic interview examination		90791-90792
ESRD-related services included in the monthly capitation payment		90951-90952, 90954-90955, 90957-90958, 90960-90961
ESRD-related services for home dialysis per full month for patients <2 years to 19 includes monitoring for nutrition, growth & development & counseling of parents		90963-90965
ESRD-related services for home dialysis per full month patients 20 & older		90966
Individual & group medical nutrition therapy	G0270	97802-97804
Neurobehavioral status examination		96116
Smoking cessation services	G0436-G0437	99406-99407
Alcohol and/or substance (other than tobacco) abuse structured assessment & intervention services	G0396-G0397	

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MEDICARE REIMBURSED SERVICES

Annual alcohol misuse screening, 15 minutes	G0442	
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443	
Annual depression screening, 15 minutes	G0444	
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training & guidance, performed semi-annually, 30 minutes	G0445	
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual 15 minutes	G0446	
Face-to-face behavioral counseling for obesity, 15 minutes	G0447	
Transitional care management services w/moderate medical decision complexity (face-to-face w/in 14 days of discharge		99495
Transitional care management services w/high medical decision complexity (face-to-face visit w/in 7 days of discharge)		99496
Psychoanalysis		90845
Family psychotherapy w/o the patient present		90846
Family psychotherapy (conjoint psychotherapy w/patient present)		90847
Prolonged service in office or other outpatient setting requiring direct patient contact beyond the usual service; first hour & additional 30 minutes		99354, 99355
Prolonged service in inpatient or observation setting requiring unit/floor time beyond usual service, first hour & each additional 30 minutes		99356, 99357
Annual Wellness Visit, first visit & subsequent visit	G0438, G0439	

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SIGNIFICANT CHANGES FOR MEDICARE AND TELEHEALTH

- Bipartisan Budget Act of 2018, signed into law by the President on 2-9-18

(Beginning 1-1-19)

- Expands stroke telemedicine coverage
- Improves access to telehealth-enabled home dialysis oversight
- Patients may be provided with free at-home telehealth dialysis technology without provider violating the Civil Monetary Penalties Law (CMPL)

(Beginning 2020)

- Allows Medicare Advantage plans to include delivery of telehealth services in basic benefits
- Gives ACOs (Accountable Care Organizations-organizations who take Medicare)ability to expand the use of telehealth services

EXAMPLE: FLORIDA MEDICAID-CURRENT POLICY

- 59G-1.057 Telemedicine. (1) This rule applies to any person or entity prescribing or reviewing a request for Florida Medicaid services and to all providers of Florida Medicaid services that are enrolled in or registered with the Florida Medicaid program. (2) Definition. Telemedicine – **The practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located for the purposes of evaluation, diagnosis, or treatment**. (3) Who Can Provide. Practitioners licensed within their scope of practice to perform the service. (4) Coverage. Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, **at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner.** (5) Exclusion. Florida Medicaid does not reimburse for: (a) Telephone conversations, chart review(s), electronic mail messages, or facsimile transmissions. (b) Equipment required to provide telemedicine services. (6) Reimbursement. The following applies to practitioners rendering services in the fee-for-service delivery system: (a) Florida Medicaid reimburses the practitioner who is providing the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located. (b) Providers must include modifier GT on the CMS-1500 claim form, incorporated by reference in Rule 59G-4.001, F.A.C.

- FEE SCHEDULES AVAILABLE on each state Medicaid website.

https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=38&category=128&topic=All

THE VAMC

In an effort to furnish care to all beneficiaries and use its resources most efficiently, VA needs to operate its telehealth program with health care providers who will provide services via telehealth to beneficiaries in States in which they are not located, licensed, registered, certified, or otherwise authorized by the State.

The Federal Register: https://www.federalregister.gov/documents/2018/05/11/2018-10114/authority-of-health-care-providers-to-practice-telehealth

SCHEDULING CONSIDERATIONS

- Technology Access/Literacy
- Windows of time for patients to enter a "virtual waiting room"
- Rate of "no shows"
- Triage Process
- Medication refills vs New Complaint or more Complex Visit
- Follow up Scheduling
- Mechanism for appointment reminders
- Asynchronous communication between visits

TELEMEDICINE PLATFORMS

- Should be secure and HIPAA Compliant
- Should provide uninterrupted audio, visual and written/text communication
- May still require the use of a third party such as a translator, presenter, care-giver, friend or family member
- Ideally can interface with EHR and prescribing platform

BENEFITS OF TELEMEDICINE

- Improved ”access” to services
- Reduce the need for transportation
- Addresses the healthcare provider shortage
- Reduced provider and patient travel (outpatient and consults)
- Retain patients in their communities
- Reduces burden on families, the elderly, the mentally ill

CHALLENGES & LIMITATIONS

- No show appointments
- Poor *Wi-Fi* connection
- Patients unfamiliar with the use of Smart phones/Computers
- Language/Culture barriers
- Workflow

LESSONS LEARNED

- **It’s Still Medicine –**
  Technology is just a Tool
- **Plan, Plan, Plan for Telehealth**
- **Start with One Service Line – Perfect it and Move to the Next**
- **Practice, Practice, Practice**

GROWING SUPPORT-AMA

November 19, 2020 - The American Medical Association has adopted a new policy on telehealth:.

The policy states that the AMA:

- "Continue to advocate for the widespread adoption of telehealth services in the practice of medicine for physicians and physician-led teams" after the pandemic;
- Advocate that the federal and state governments and agencies and the payer industry "adopt clear and uniform laws, rules, regulations, and policies relating to telehealth services that provide equitable coverage that allows patients to access telehealth services wherever they are located (and) provide for the use of accessible devices and technologies, with appropriate privacy and security protections, for connecting physicians and patients;"
- "Advocate for equitable access to telehealth services, especially for at-risk and under-resourced patient populations and communities, including but not limited to supporting increased funding and planning for telehealth infrastructure such as broadband and internet-connected devices for both physician practices and patients;" and
- "Support the use of telehealth to reduce health disparities and promote access to health care."

GROWING SUPPORT-AAPA

- The AAPA interacts with organizations who have a direct influence on policy level decisions at the state and Federal level. Further, organizations who have effectively engaged stakeholders across the telehealth spectrum that represent thoughtful and cross-functional integration - clinical, IT, administrative, reimbursement, etc.
- The American Telemedicine Association (ATA) is among those who have been effective in their ongoing standard bearing for the broader telehealth space for several decades.
- The Alliance for Connected Care and The Center for Telehealth and E-Health Law (CTeL) have been effective in engaging policymakers at the state and Federal levels.

TAKE HOME POINTS

- PAs are perfectly poised to contribute to patient care via telemedicine in all practice settings since we remain the primary care specialists in every medical and surgical subspecialty.
- This is an opportune time to effect change in patient care and PA practice.
- There will be a learning curve for Providers and Patients!
- Frequent and clear communication will be key.
- Patients who have greater access to Providers will presumably enjoy better outcomes.
- We do not know how far the current expanded model will contract post-pandemic.

REFERENCES & RESOURCES

Center for Connected Health Policy: State Telehealth Laws and Reimbursement Policies:
https://www.cchpca.org/sites/default/files/201910/50%20State%20Telehalth%20Laws%20and%20Reibmursement%20Policies%20Report%20Fall%202019%20FINAL.pdf

AMA QuickGuide to Telemedicince Practice: https://www.ama-assn.org/delivering-care/public-health/ama-quick-guide-helps-doctors-boot-their-telemedicine-practice

AAPA-PAs in Virtual and Telemedicine

https://www.aapa.org/advocacy-central/constituent-organizations/special-interest-groups/group/810657390/

Virtually Perfect? Telemedicine for Covid-19: https://www.nejm.org/doi/full/10.1056/NEJMp2003539?af=R&rss=currentIssue&utm_campaign=hsric&utm_medium=email&utm_source=govdelivery

National Organization of State Offices of Rural Health: Telehealth Technologies and Preparing to Select a Vendor: https://nosorh.org/wp-content/uploads/2016/11/NOSORH-Telehealth-Vendor-Fact-Sheet-FINAL.pdf

University of Arizona: Directory Service Provider Telemedicine & Telehealth: https://telemedicine.arizona.edu/servicedirectory

The National Telehealth Policy Resource Center: https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=38&category=128&topic=All

REFERENCES & RESOURCES

Agency for Healthcare Administration-Florida Medicaid: https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Telemedicine_Guidance_20200318.pdf

Medicare Telehealth Services Fact Sheet
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

JCAHO-Telemedicine Credentialing
http://www.jointcommission.org/assets/1/6/Revisions_telemedicine_standards.pdf

Center for Connected Health Policy- Telehealth Reimbursement Fact Sheet
http://www.cchpca.org/sites/default/files/resources/Telehealth%20Reimbursement%20Fact%20Sheet%20FINAL_0.pdf

The Joint Commission Pricing Worksheet
https://www.jointcommission.org/pricing_worksheet_telehealth/

American Telemedicine Association
http://www.americantelemed.org/

Center for Connected Health Policy e-Consult Toolkit
http://econsulttoolkit.com/

HIPAA Security Rule Guidance for Covered Entities https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html

HIPAA Privacy & Security https://www.healthit.gov/playbook/privacy-and-security/

Reassessing Your Security Practices in a Health IT Environment – A Guide for Small Practices https://www.healthit.gov/providers-professionals/implementation-resources/reassessing-your-security-practices-health-it

QUESTIONS?

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