Telemedicine 2.0

Looking Beyond COVID-19

Amanda Shelley, MPAS, PA-C
Immediate Past-President and
Co-Founder
PAs in Virtual Medicine and Telemedicine

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- **This presentation is not intended as, nor is a replacement for, legal or business guidance. As the telemedicine world is changing rapidly it is the responsibility of each clinician wanting to practice in telemedicine to investigate applicable statutes, regulations and standards and seek the guidance of attorneys for both healthcare and business legal matters prior to starting in telemedicine.**
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Objectives

- Discuss the growth of telemedicine from pre-COVID to the present
- Discuss implementation barriers and opportunities for implementation of a telehealth program
- Discuss regulatory changes during the COVID-19 pandemic
- Discuss regulatory outlook in post-pandemic world
- Discuss billing for telemedicine visits

TELEMEDICINE

Where we were to where we are

How Big is Telemedicine?

Telehealth percentage of claim lines nationally, 2019

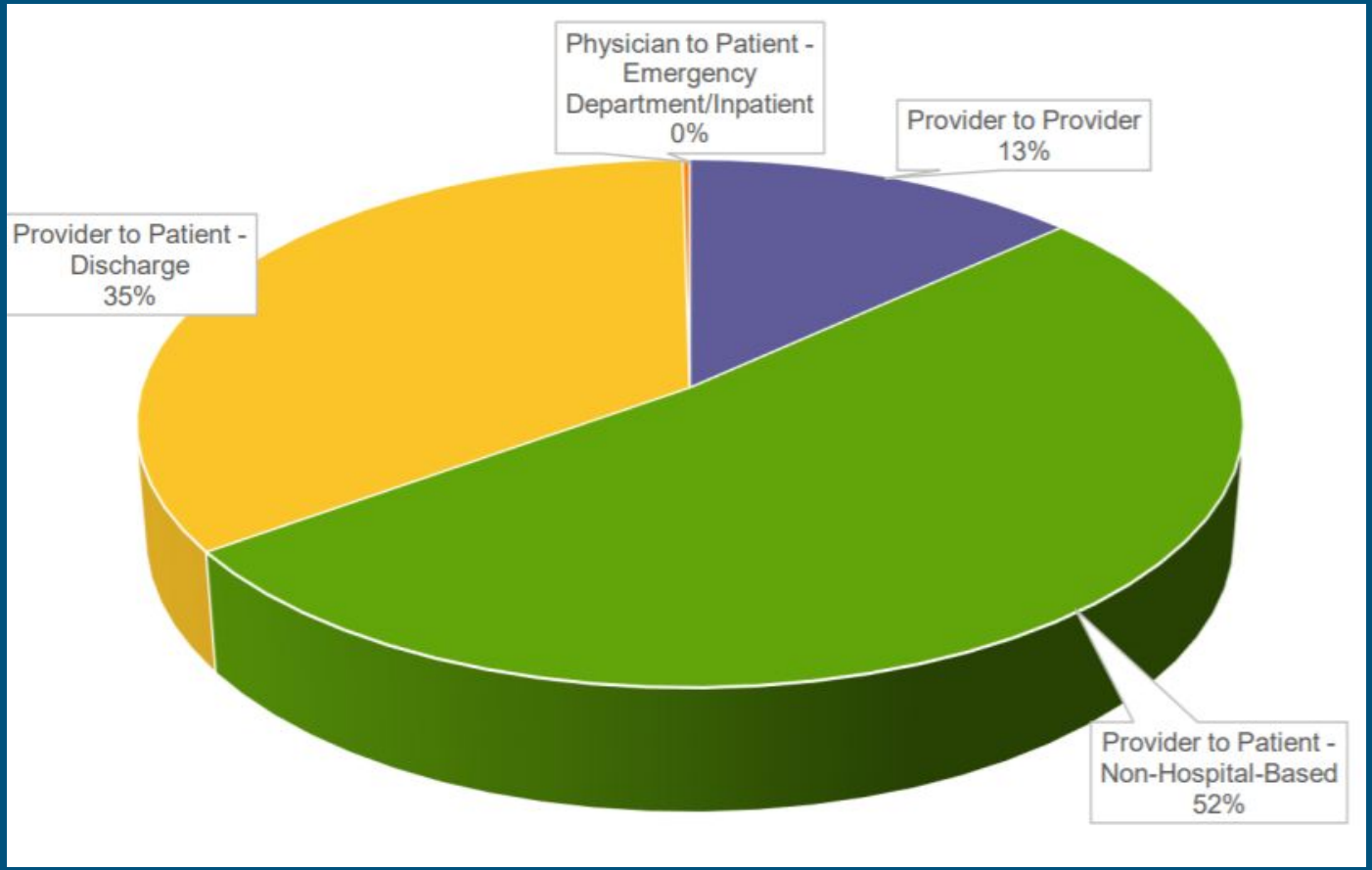
0.16%

From 2014-2018 use of non-hospital-based, provider-to-patient telehealth grew...

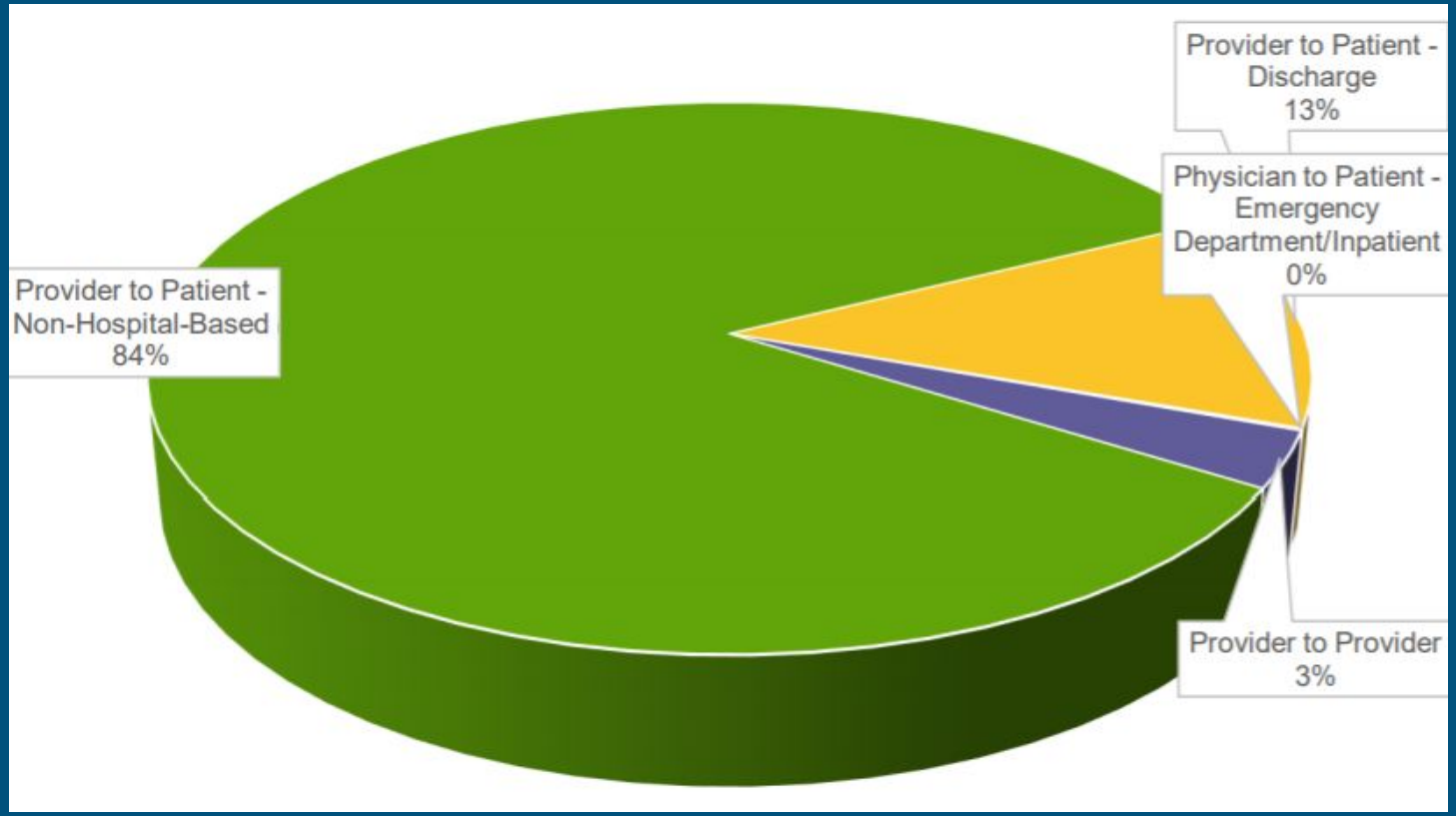
1393%

From December 2019 - December 2020 use of non-hospital-based, provider-to-patient telehealth grew...

2817%



2014: Virtual Care by Type



2018: Virtual Care by Type

Who is using it?

Using Telemedicine the Most:

1. Radiology
2. Psychiatry
3. Internal Medicine
4. Neurology
5. Family Medicine
6. Dermatology
7. Pediatrics
8. Emergency Medicine
9. Geriatrics
10. Allergy & Immunology

Using Telemedicine the Least:

1. Anesthesiology
2. General Surgery
3. Orthopedic Surgery
4. OB/GYN
5. Oncology
6. PM&R
7. Gastroenterology
8. Otolaryngology (ENT)
9. Cardiology
10. Plastic Surgery


Walmart


amazon


Sam's
CLUB


GoodRx

Physical & Occupational Therapy

- Growth in care delivered remotely went from 2% to 50% in first two months of pandemic
- Market growth: $3.32B in 2019 - projected $9.13B by 2027
- Multiple studies now showing equivalent outcomes
- Patient satisfaction comparable
- Reimbursement still lagging

Audiology

- Limited virtual care pre-COVID
- Equipment-heavy
- Virtual clinic may include:
  - Hearing screening
  - Hearing threshold assessment
  - Speech audiometry
  - Remote programming for some hearing aids
  - Auditory training and tinnitus

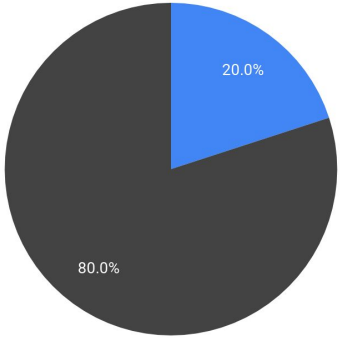
Teledenistry

- Growing even pre-pandemic, particularly in public health and DTC applications for straightening/whitening
- Counteracts drop in in-office care during pandemic
- Some studies showing comparable outcomes for screenings
- ADA updated policy published November 2020 retracts prohibition of store-and-forward/asynchronous for diagnosis

Why are we using it?

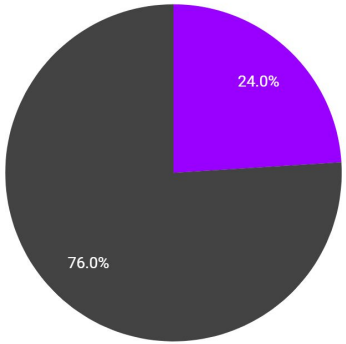
Benefits of Telemedicine

- ACCESS
  - Primary care, Specialists, Oral Health, Services
  - Easier access -> compliance with follow-ups -> better outcomes
- Coordination of care
- Social contact
- Work-life balance for service providers
- Cost savings



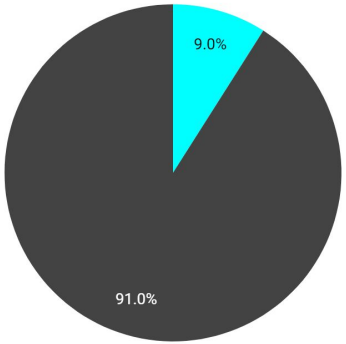
ED Visits → Virtual Urgent Care

$35B



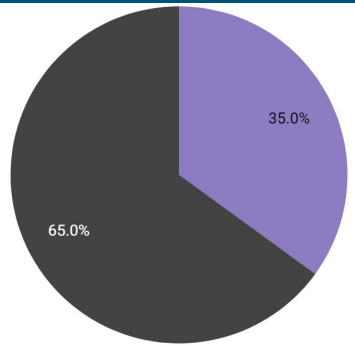
Office/OP Encounters → Virtual Visits

$126B



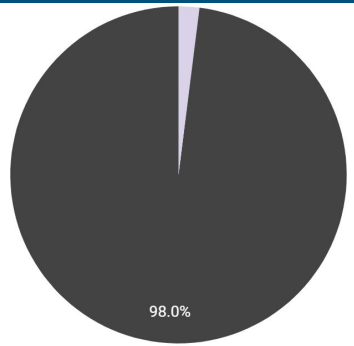
Office/OP Encounters → Near Virtual

$39B



Home Health → Virtual Home Health

$35B



Office → Tech Enabled Home Rx Administration

$12B

Source: McKinsey & Co., May 2020

Patient satisfaction!

- SYKES survey of 2000 people in March 2020 and March 2021
  - Most have now had a telemedicine encounter of some sort
  - Great majority want to keep using it after the pandemic
  - Most now believe it’s possible to get quality care through telemedicine

85.52%

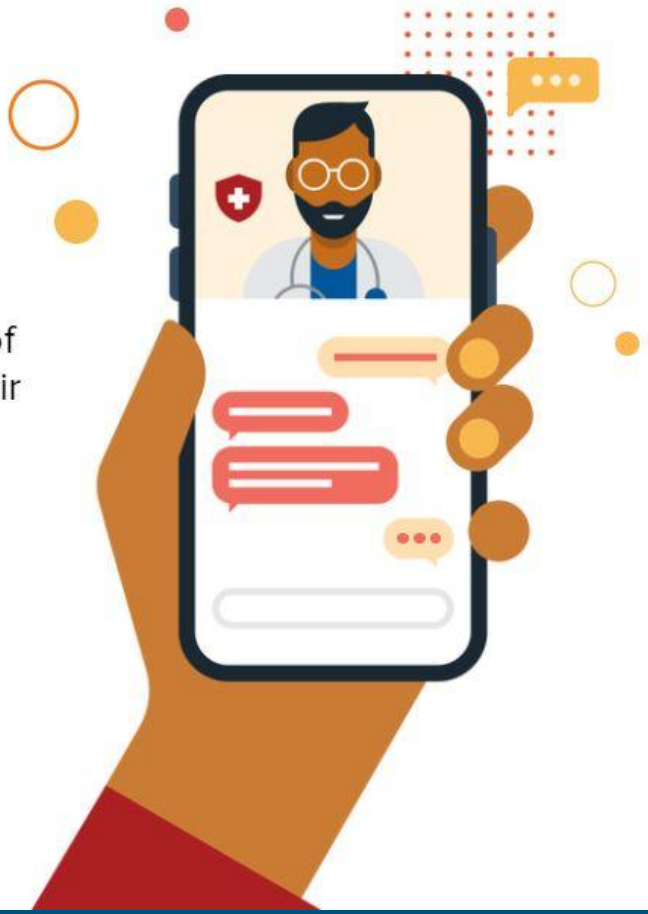
say telemedicine has **made it easier** to get the care they need

62.58%

who reported being afraid of going to the doctor said their **fears were eased during their experience with telehealth**

51.64%

say they've been able to **see their doctor more often virtually**



31.26%

say their **healthcare costs have decreased** since adopting telehealth

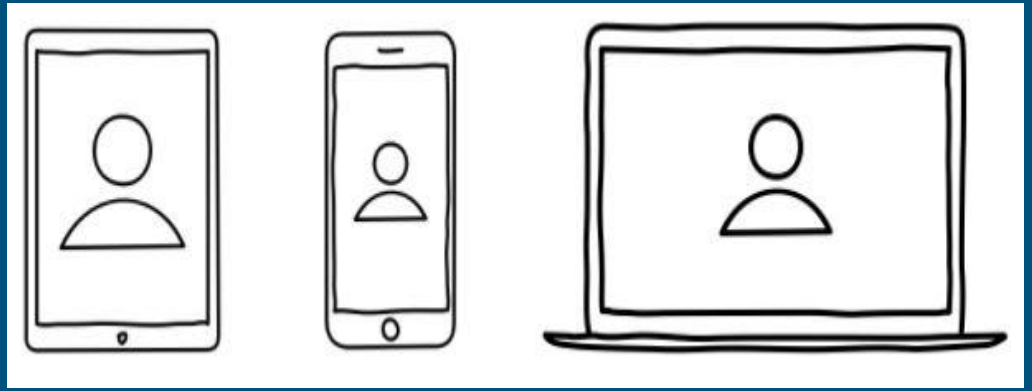
31.01%

feel that their doctor has come across as **more empathetic in virtual visits**

Implementation

Synchronous

- Provider to:
  - Patient
  - Caregiver
  - Provider



- Video, phone, live chat, etc. depending on state regs

Asynchronous

- Store-and-forward
- Patient data sent to be reviewed/assessed at a later time
- Common uses:
  - Pathology
  - Dermatology
  - Radiology
  - DTC

Remote Patient Monitoring (RPM)

- Patient data to provider
- Examples:
  - Home monitoring
  - Primary care
  - Case management
  - Hospitals/ICU
  - SNFs

mHealth

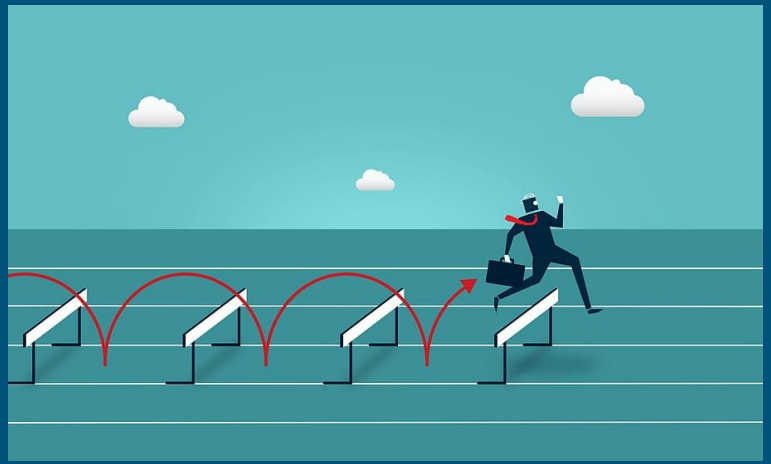
- App-based, often with wearable devices, (Fitbit, Apple Watch, etc.)
- Examples:
  - Disease monitoring
  - “Nudges”
  - Notifications & updates
- FDA regulations in some cases

OK, But How???

- **TELEMEDICINE IS MEDICINE**
- Standard of care is standard of care
- Good history is key


Touch Screen Laptop
Stethoscope
Pulse Oximeter
12-Lead ECG
Ultrasound
All-in-one (AIO) Scope
Speakerphone
HD Webcam

Challenges



SEIPS Model Breakdown - Person

- Patients
  - Age
  - Education
  - Digital literacy
  - Motivation
- Providers
  - Digital literacy
  - Motivation
  - Trust in telehealth

SEIPS Model Breakdown - Technologies

- EHR appropriateness for telehealth
- Investment in patient-facing options
- Broadband access for patients

SEIPS Model Breakdown - Environment

- Workspace requirements
- Scheduling allowances
- Regulatory situation

SEIPS Model Breakdown - Tasks

- Synchronous vs. Asynchronous vs. RPM
  - How much are we asking of our patients?
  - How are we facilitating their collaboration?
  - How easily can tasks be completed by providers?

SEIPS Model Breakdown - Organization

- Communication between teams
- Tech support for remote providers
- Collaboration opportunities for remote and in-person providers

Challenges For Aging Patients

Are aging patients ready?

Table 2. Adjusted Odds of Telemedicine Unreadiness 5 for Video Visits by Demographic and Clinical Factors

Factor	Percentage unready (survey weighted)	Adjusted odds ratio (95% CI)
Age, y		
65-74	25	1 [Reference]
75-84	44	2.3 (1.8-3.0)
≥85	72	7.0 (5.3-9.1)

Source: Lam, Lu, Shi, et. al. JAMA Intern Med. 2020;180(10):1389-1391. doi:10.1001/jamainternmed.2020.2671

Barriers

Table 1. National Prevalence of Telemedicine Unreadiness in US Adults Older Than 65 Years in 2018 by Mode of Telemedicine Visit[a]

Reason for unreadiness	No., millions (%)			
	Video visits	Video visits with social support[b]	Telephone visits	Telephone visits with social support[b]
Any unreadiness	13.0 (38)	10.8 (32)	6.7 (20)	5.5 (16)
Unreadiness owing to any inexperience with technology	10.1 (30)	8.3 (25)	0.3 (1)	0.2 (1)
Has no internet-enabled devices or does not know how to use them	1.9 (6)	1.5 (4)	NA	NA
Has not emailed, texted, or gone online in a month	8.2 (24)	6.8 (20)	NA	NA
Has no telephone (cell phone or other)	NA	NA	0.3 (1)	0.2 (1)
Unreadiness owing to any physical disability	6.8 (20)	5.5 (16)	6.6 (20)	5.4 (16)
Difficulty hearing	0.8 (2)	0.7 (2)	0.8 (2)	0.7 (2)
Difficulty communicating	2.1 (6)	1.6 (5)	2.1 (6)	1.6 (5)
Probable dementia	2.5 (7)	1.8 (5)	2.5 (7)	1.8 (5)
Possible dementia	2.3 (7)	1.9 (6)	2.3 (7)	1.9 (6)
Difficulty seeing	0.5 (1)	0.4 (1)	NA	NA

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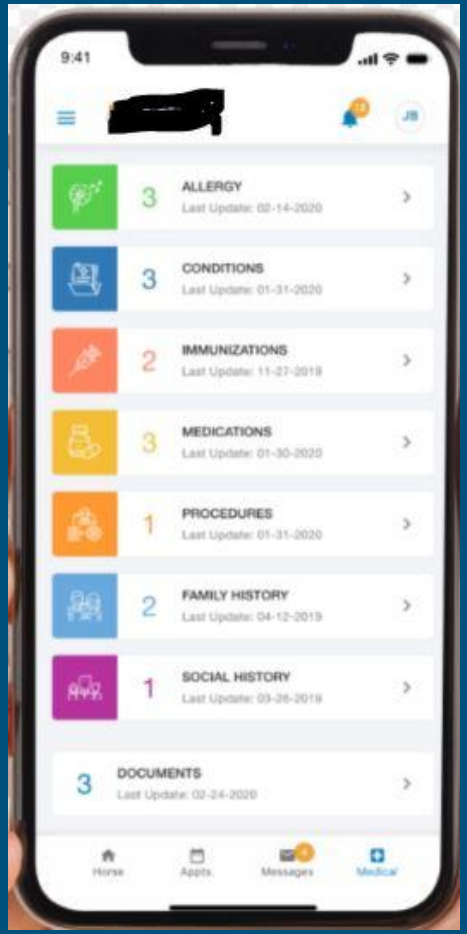
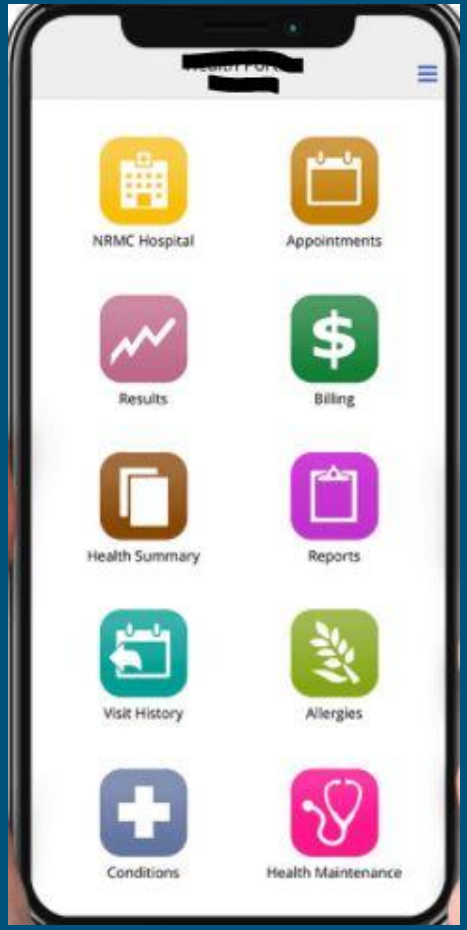
Overcoming Technology Barriers

- **Discuss telehealth options**
- **Connect** with/provide tech if needed
- **Provide contact/setup support**, including written instructions and in-person assistance when needed
- Platform should be neutral, not busy/overwhelming
- Clinician should assure quiet environment with solid background
- Provide summary of care/goals in writing in addition to reviewing orally



Not ideal



Better

Best

Overcoming Physical Barriers

- **Vision** - Large print, simple platform screens, good lighting
- **Hearing** - Check in with patient on audio level, provide closed captioning in platform if available
- **Cognitive issues** - Involve family/caregivers, Provide written follow-up instruction

Legislation

Can we do this legally?

- Laws changing rapidly
  - Laws that apply are those where your PATIENT is
  - Practice Act, supervision, scope etc.
  - Telemedicine-specific laws
  - Medicare/Medicaid requirements
  - Licensing

- Malpractice coverage varies

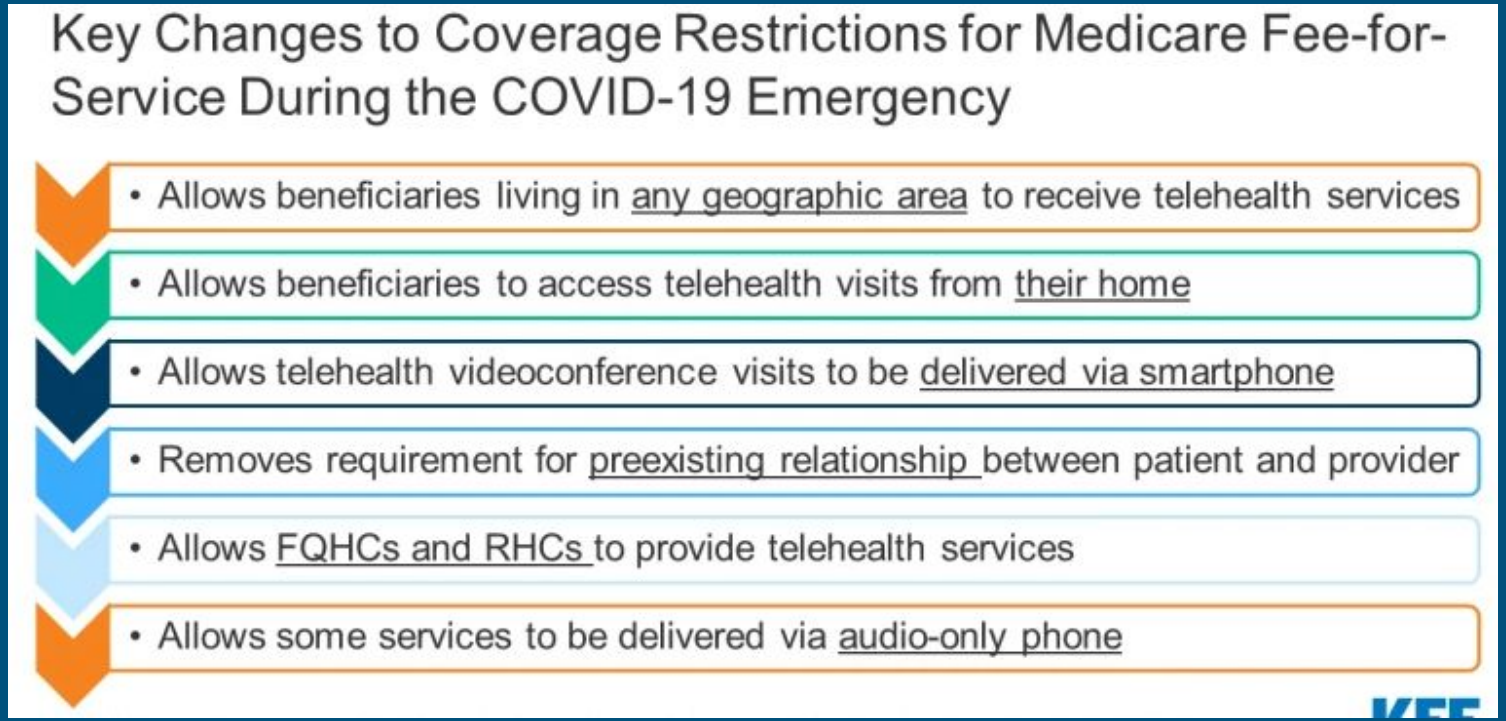
Telemedicine During COVID-19

The Early Days

	Distant Site Telehealth Practitioner Types Allowed	Geographic Location and Telehealth Originating Site	Telehealth Technology Requirements
Temporary telehealth flexibilities during COVID-19 public health emergency	• Removes all restrictions on practitioner type	• Removal of rural restrictions – expands telehealth to urban areas • Originating sites also includes temporary hospitals • Beneficiary's home	• Interactive • Audio-only for certain services • Enforcement discretion allows use of non-public facing remote communications products that are not HIPAA-compliant !!!

Source: https://aspe.hhs.gov/pdf-report/medicare-beneficiary-use-telehealth

Telemedicine During COVID-19



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Source: https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/

Current National Legislative Outlook

- 117th Congress has seen >40 bills introduced
  - Rural Telehealth Expansion Act (H.R. 4918)
  - Telehealth Coverage and Payment Parity Act (H.R. 4480)
  - Advancing Telehealth Beyond COVID-19 Act of 2021 (H.R. 4040)

Current State Legislative Outlook

- 26 states and DC have ended emergency declarations
- 21 states still have licensure flexibilities (MS, NM, TN do not)
- AZ, FL, WV now allow out-of-state providers (must register)
- CT allowing the same through June 2023

Legislation Resources

PAVMT.org

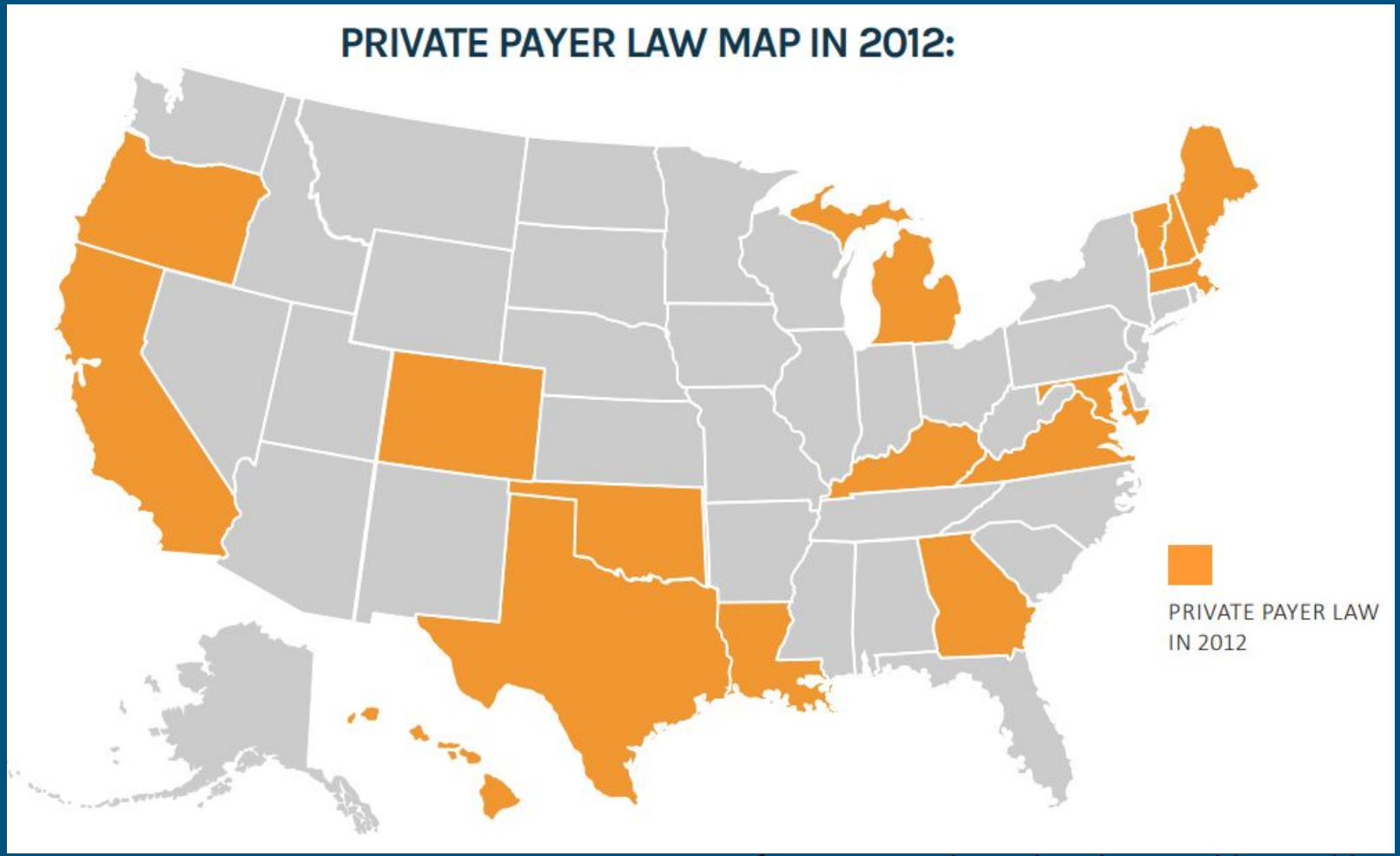
AAPA.org

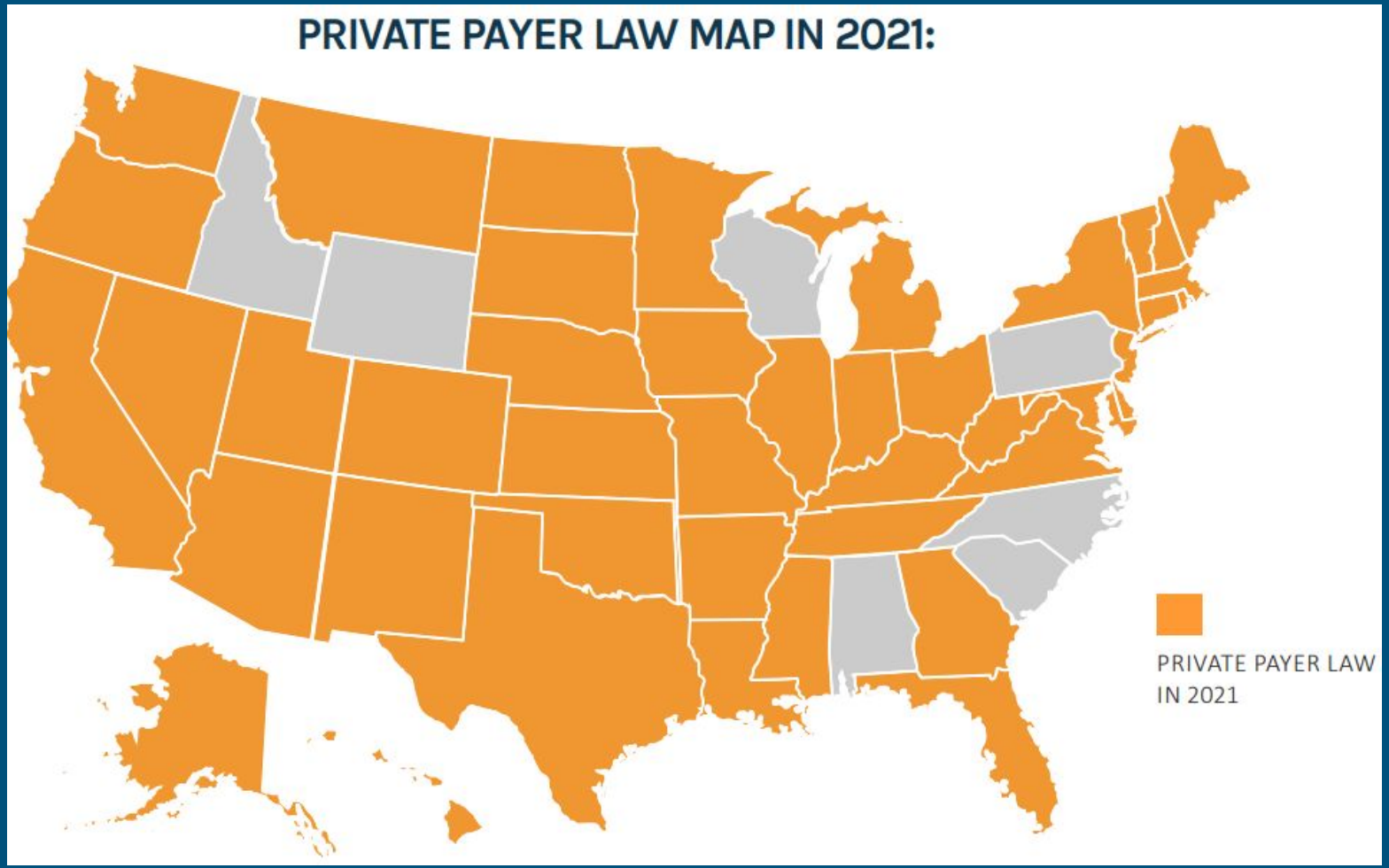
CCHPCA.org

connectwithcare.org

telehealthresourcecenter.org

Billing Basics





Billing Highlights?

- Not all payers will reimburse claims the same for virtual coding - often trial and error with reprocessing
- E&M Codes remain the same with place of service modifier (02)

Originating Site vs. Distant Site

- Originating site = Where the patient is
- Distant site = Where the provider is

- Can bill for both

Who Qualifies?

- **Qualified providers:** Physicians, PAs, APRNs, Clinical Psychologists, Clinical Social Workers, Registered Dieticians
- **Covered patients:** Some telehealth services can be covered only if you have a previously-established relationship with the patient

New Online and Digital Management Services

3 New CPT Codes for Online & Digital Services, used for patient not seen 7 day prior or 7 days after most recent E/M service.

99421- 5-10 minutes

99422 – 11-20 minutes

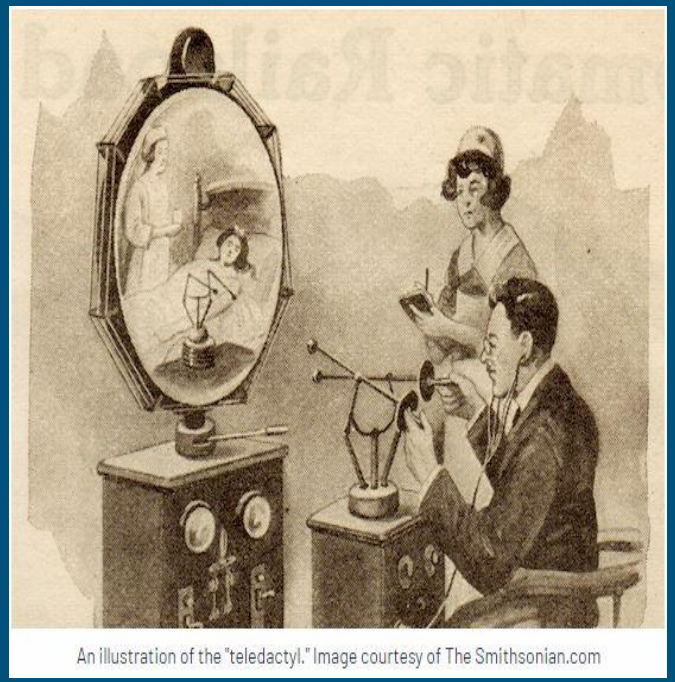
99423 21 or more minutes

Interprofessional Telephone/Internet/EHR Record Consultations

Used when **providing** consult advice to treating provider.

- 99446-99449 Time based
- 99451 - Not timed (typical time 5 minutes) Data review code >50% of time (Consultant must provide verbal AND written report to requesting provider)
- 99452- for time spent by requesting provider

Telemedicine is here



An illustration of the "teledactyl." Image courtesy of The Smithsonian.com

Questions?

Amanda Shelley, MPAS, PA-C

ashelleypac@gmail.com

Resources

- Doximity. (2019, July). *2019 Telemedicine and Locum Tenens Opportunities Study*. https://s3.amazonaws.com/s3.doximity.com/press/2019TelemedicineAndLocumTenensOpportunitiesStudy.pdf
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Thank You!