June 15th "Workflows in Telemedicine" Webinar Questions

1. Are there restrictions regarding the site that the visit is conducted from? For instance, can providers work from a home office?

   Currently, there are no location restrictions for either the patient or the provider, in terms of Medicare reimbursement. Prior to COVID, CMS had restrictions for telemedicine based on the location of the patient during the visit. The patient had to be in either a designated rural or medically underserved service area, and the patient had to be in a specific type of facility during the visit. During the public health emergency, CMS has removed these restrictions for patients. CMS also allows providers to work from home when doing telemedicine. If a provider is working from home, they should document in their visit summary that the visit was performed via telemedicine and the provider was located at home.

   For providers working from home, we recommend having guidelines on how to ensure that their telemedicine visits will be successful. For example: bandwidth necessary for telemedicine, equipment (ex. webcams, phones etc.) necessary for telemedicine, and lighting and background noise conditions so that there are minimal distractions during the visit.

2. How have you decided what length of time telemedicine appointments should be? How much before and after time is needed for a provider after a typical telemedicine appointment?

   At UW Medicine, we have two main telemedicine appointment types: Long and Short. We allow each clinical area to determine the exact duration of those Long and Short visits. Our guidance is that new patients, medically complex situations, etc. should be scheduled with a "Long" appointment type. And return patients, straightforward situations, etc. should be scheduled with a "Short" appointment type. But we allow the clinical areas to pick the appointment type when scheduling.

   We also strongly recommend using "Long" appointment types across the board if the clinical area is just starting out with telemedicine. This is to ensure they have enough time to set up the visit and troubleshoot any issues that may come up.

   Feedback from providers is that the amount of time needed before and after the telemedicine appointment is relatively the same as the time needed for an in-person appointment.

3. Where should we look for more information about billing/coding you touched on?

   Please see the slides from Lecture #3. Billing and coding requirements can vary across payors. Here are some resources on CMS guidance, Medicare updates during the Covid-19 response, and if applicable, Medicaid resources by state. There are also specific Telehealth billing updates and guidance for FHQCs.

4. Does the total time spent include time spent checking patient in, by staff as well as the check out?

   The total time is based on *the provider's* time, so time spent checking patients in and out would *not* be included here.

5. With ongoing care, is there a limit as to how often one can do telemedicine?
   Generally no, though some states do require an established provider-patient relationship prior to offering telemedicine to that patient.

6. Is there a pay parity for video conferencing right now, but I thought there was a date that they would no longer pay?

If this question is for WA, yes. Payment parity was enacted via a Governor Proclamation and is currently extended until July 1. It has been extended several times since March 2020. It will be permanent on Jan 1, 2021.

7. Can you speak more about how to determine whether a patient is an "appropriate" candidate for video visit?

   There are a couple of factors to consider when determining whether a patient is "appropriate" for telemedicine, mainly the clinical reason for the visit and the patient's access to the technology necessary for telemedicine.

   If you think your recommended care plan for the patient would depend on a complete physical examination, it is **not** recommended to do telemedicine. While you can do many elements of a physical exam (ex. blood pressure, temperature, etc.), you will not be able to do a complete physical examination.

   In order to do telemedicine, patients must have access to a device that can connect to internet, has a front facing camera, and audio/microphone capabilities. Most Smartphones and computers have these capabilities nowadays. If the patient will not be able to access a device with these capabilities, they would not be a good candidate for telemedicine. **Please note** that there are several programs that can provide these devices to patients, for example most Medicaid plans provide Smartphones. At UW Medicine we also see patients sharing a family member's device for their visit if they don't own one themselves. **We recommend discussing telemedicine with the patient before deciding whether they're a good candidate, and to not make assumptions on their capability without discussing it first.**

8. Does Medicare monitor were provider is located (home, institution, etc.) when doing telemedicine?

   They could but it is doubtful they are actively monitoring this. However, it is important to follow proper billing and coding guidelines for Medicare which are outlined on the Center for Connected Health Policy site. Currently, Medicare allows clinicians to conduct telemedicine visits from their homes.

9. It seems that payers vary in whether they want a 02 place of service attached or a 95, GT modifier. Do you have a good resource for where to find these prior to receiving a reject for the payer (or looking at individual payer websites)?

   At UW Medicine, we start off by putting a GT modifier on all telemedicine visits, since it is the most uniformly requested modifier. Our billing department then adds a 95 or POS2 if they have the insurance company policy for telemedicine. Unfortunately, not all of them are published and they have changed frequently. https://www.uwmedicine.org/telehealth

10. In your system, who is assessing patient capacity to do a video visit, to teach them how it all works, send them job aids, etc.?

    At UW Medicine, the provider has the conversation with the patient over whether telemedicine is appropriate and gets the patient's consent for a telemedicine appointment. After the appointment is scheduled, the process of how to help patients prepare for their appointment varies somewhat by clinic.

    We do have standard messaging and materials for patients. We have patient instructions for telemedicine on our public webpage available in English and the nine most common languages at UW Medicine other than English. We also have standard appointment confirmation messages and appointment reminders that contain a link to these instructions along with other information about their telemedicine visit. But who sends these out (ex. front desk staff, MA, provider etc.) varies depending on each clinic's workflow and staffing model.

    Clinics also have different processes for troubleshooting with patients. Some clinics have staff call patients new to telemedicine to walk them through accessing and using our telemedicine platform, others have dedicated time at the start of each visit to make sure the patient gets successfully connected, and some clinics have not needed to

troubleshoot with their patients as much. The amount of troubleshooting needed typically depends on the technological savviness of the patient population, and of the providers doing telemedicine.

11. How do you do telemedicine visits with Residents or Fellows?

    At UW Medicine, we try to replicate the resident/fellow model for in-person visits as much as possible for telemedicine visits. The main difference is how the resident/fellow and supervising provider join the telemedicine visit. If the resident/fellow and supervising provider are at the same location, then they can share the same device to access the same virtual room for the visit. If they are at separate locations (ex. both are at their respective homes), then they can access the same virtual room by using the links in our telemedicine platform. Please note that CMS has extended the primary care exemption for residents to telemedicine.