AETC AIDS Education & Training Center Program Mountain West

Telemedicine for Persons Living with HIV

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Disclosures

I have served on an Advisory Board for Gilead Sciences in the last year.

Objectives

- To list best practices for documentation during a telemedicine visit
- To describe health disparities in telemedicine and some strategies to improve

What is/not appropriate for telemedicine?

Good use cases:

- Follow-up of chronic conditions such as mental health concerns, HTN, DM, obesity and COPD
- Discussion of test results (labs, imaging)
- Counseling about diagnostic and therapeutic options
- New or established patients with skin conditions

Not-so-good use cases:

- Anything requiring a procedure
- Abdominal pain
- Eye complaints
- Gynecologic complaints
- Highly nuanced care or multiple complex problems
- Any situation in which the physical exam would change your recommendation or treatment plan

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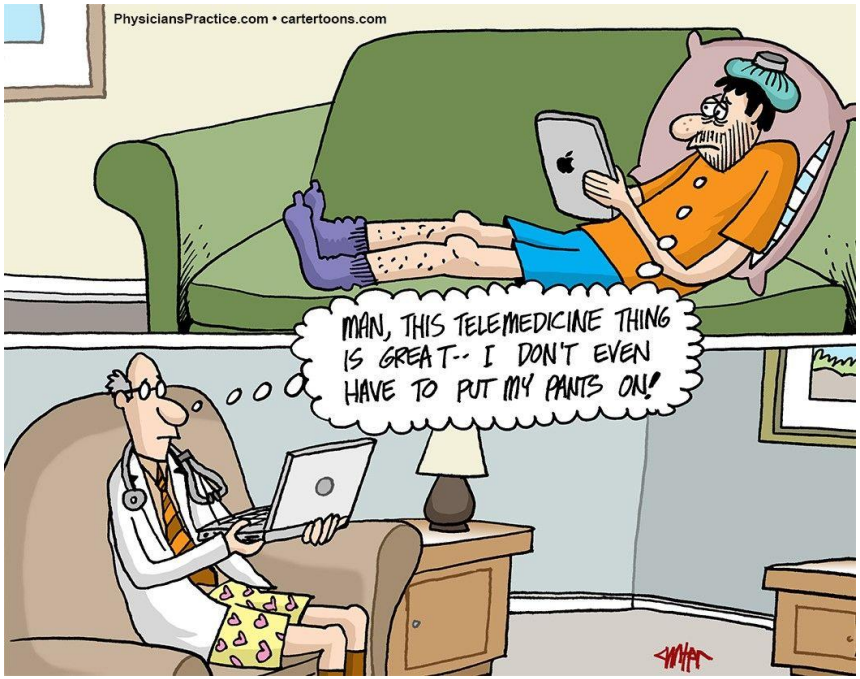
Changes in Medicare Telemedicine Reimbursement

- *Temporarily* removed geographic restrictions (pts can be anywhere, rural or urban, home or office)
- Established or new patient
- Expanded list of provider types (PT, OT, speech therapists, etc.)
- Primary care exemption applies for residents doing primary care by telemedicine
- Clinician can do from home



For more info: https://www.americantelemed.org/policy/covid-19

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Documentation

- **Document as you normally would** (HPI, etc.)
- **Physical exam**: enter any patient reported vitals and fact that patient was assisting in exam.
- **This is what we use:** "I conducted this encounter from {location} via secure, live, face-to-face video conference with the patient. Patient was located at *** with { enter who was present with the patient}. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained."
- **For situations** where trying to limit face to face contact (patient is in hospital or clinic), we use this phrase: "I saw the patient remotely in the clinic to preserve PPE and reduce exposure via {mode:113319}. The risks and benefits were discussed with the patient and verbal consent was obtained."

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Consent

- Some states require written consent for telemedicine, so please be aware of this requirement!
- Consent language:

  "I cannot provide the same evaluation as in a face to face visit. I may need you to come in for further evaluation or care."

  "The technology is encrypted and secure; however, no technology is 100% hack-proof. In addition, the technology is dependent on a reliable Internet connection."

  "If at any time you would like to be seen in-person, we will terminate the visit and connect you to the most feasible in-person care."

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Billing and Coding

- For Telehealth, you can bill on TOTAL time, including review of outside records, actual time with patient and documentation. “I spent 32 minutes on this visit today including chart review prior to the visit, face to face time with the patient, and documentation and coordination of care after the visit." Bill 99214 for outpt f/u.
- Can also bill based on medical decision-making
- Use the GT modifier for video visits only
- Facility fee code: Q3014
- For duration of public health emergency, phone visits will pay at same rate as telehealth and in-person visits

Code	Time
99213	15 min
99214	25 min
99215	40 min
99203	30 min
99204	45 min
99205	60 min
Phone	
99441	5-10
99442	11-20
99443	21-30

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Overview: Design, Document, and Disseminate a Telemedicine Workflow

- Decide whether your organization should have one standard workflow, or whether each clinic area can create a workflow that meets their needs.
  - If there can be more than one workflow, are there elements that should be standard across the organization?

- Design workflow(s) and clearly identify roles and responsibilities for scheduling telemedicine appointments, communicating with patients, checking in appointments, conducting the actual visit, and documenting and billing telemedicine visits

- Develop resources to support workflows such as job aids, procedures, templates etc.

- Test the workflow(s) by doing internal practice telemedicine visits

- Educate about the workflow(s) and determine where to house it so it can be accessible to everyone that needs it

Goal: Document your workflow for Telemedicine and ensure everyone understands their role

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Sample Telemedicine Workflow

Before the Visit

- **Identify Patients**
  - Determine how clinic identifies telemedicine candidates
  - Have screening criteria for when patients request telemedicine
  - Use scripting to discuss telemedicine with patients and set expectations
- **Schedule Appointment**
  - Template telemedicine visits; throughout the day, in a block, etc.?
  - Clearly identify appointment is via telemedicine when scheduling; e.g. specific visit type, etc.
  - **Best Practices:** Identify whether interpreter is needed; Identify a callback number for patients in case there are connection issues
- **Educate Patients**
  - Provide instructions on how to do telemedicine
  - Provide necessary materials; ex. links to platform etc.
  - **Best Practice:** Provide appointment confirmation messages and reminders. Contact patient 15-30 mins before appt.

Have clearly defined roles and responsibilities for each step

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Example: Appointment Confirmation Message

Rachel A
05/27/2020 01:22 PM

Print Delete

test

Dear Dayna Zztest,

Thank you for scheduling a Telehealth Visit with test.

Your Telemedicine visit has been scheduled for test, test, from test-test. Please be ready to attend your visit at test by logging into eCare and selecting the option to "begin your video visit". By clicking this button, you will activate Zoom. Make sure you disable any pop-up blockers, and that you have the current version of the Zoom Cloud App and MyChart App downloaded if using your phone for the visit.

Click this link below to view instructions for using Zoom (you may need to copy and paste this link into a browser).

http://www.uwmedicine.org/patient-resources/job-aidzoom-patient-instructions.pdf

Please review these instructions before your visit so you are prepared to access Zoom on the day of your appointment.

Your telemedicine visit with test will be billed to your insurance in the same manner as a regular in-person office visit. This means that your standard copay, coinsurance, and deductible will apply.

Please let us know if you have any questions or concerns.

Sincerely,

test Clinic

REPLY

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Telemedicine Workflow

Day of the Visit: Checking in – Handoff to Provider

- **Check in Patients**
  - Determine when patients will be checked in for visits; before appointment, beginning of day, etc.?
  - Determine what check-in processes can be done remotely; ex. insurance verification, collection of copays, patient consent etc.?
- **Perform Intake**
  - Connect interpreter if needed
  - Document, verify, and/or complete typical intake elements; ex. reason for visit, allergies, pharmacy, medication reconciliation
  - Collect patient reported vitals such as blood pressure, heart rate, temperature, and weight. Note that these were “patient reported”.
  - **Best Practice:** Know how to troubleshoot connection issues for patients, get their phone number and where they are (in case you have to call 911)
- **Handoff to Provider**
  - Determine process for signaling intake is complete and patient is ready for provider
  - Determine what to do with patients during handoff; ex. virtual waiting rooms

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Practice of Telemedicine Across State Lines

- Pre-COVID19, providers were required to be licensed in state where patient was at time of telemedicine visit.
- Temporary relaxation of this requirement in almost all states; however, be sure to read documentation and registration requirements for each state, esp. around prescribing around controlled substances.
- Federation of State Medical Boards (FSMB) has latest policies/laws for interstate licensure: http://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf
- Idaho and Montana part of Nurse Licensure Compact – Nurses with multistate license can see patients in these states. Patient location determines practice standards.

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Current Telehealth Policies

	Alaska	Idaho	Montana	Oregon	Washington
Medicaid coverage expansion or relaxed restrictions	Yes, during PHE.	No. Some video visits covered.	Yes, during PHE.	Yes, during PHE.	Yes, during PHE.
Commercial Insurer Required Coverage	Limited to specific specialties	No. Temporary expansion of coverage by some.	Yes. Same as in-person services.	Yes. Same as in-person services.	Yes, with some restrictions.
Payment Parity	Limited to specific specialties	No.	No.	No.	Yes, for in-network providers.
Consent	Limited to specific specialties	Required.	Same as in person.	Some requirements for specialties.	Yes, required before visit – verbal accepted.
Prescribing	Yes, relaxed temporarily but some documentation needed.	Yes, some regulations relaxed temporarily.	No specific requirements.	No specific requirements.	Yes, same standard as in person.
Out-of-State Providers Can Offer TM	No, but some requirements relaxed.	Yes, during PHE.	Yes, during PHE.	Yes, during PHE with some restrictions.	Yes, during PHE with some restrictions.

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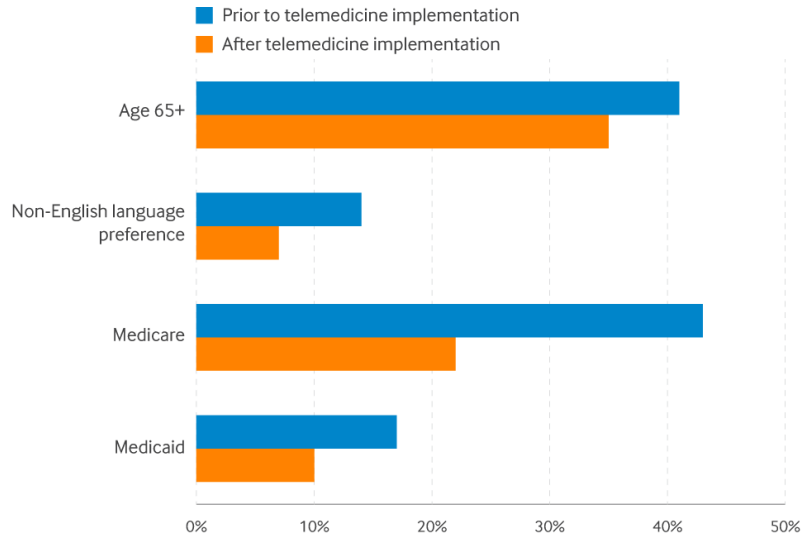
Be Aware of Digital Divide

- **Elderly**: make up 18% of population and more likely to have chronic disease, but only 55% own smartphone or have broadband Internet access; only 60% able to find website or send an email
- **Poor & low income:** 71% own smartphone, 53% have basic digital literacy
- **Rural**: 63% have broadband, 71% own smartphone

Patient Visits by Age, Language, and Insurance Before and After Telemedicine Scale-Up

This chart shows the proportion of patient visits seen by age, language preference, and insurance type prior to (2/17–2/28/2020) and after (3/23–4/3/2020) scaled-up telemedicine implementation to address the Covid-19 pandemic at the UCSF General Internal Medicine Primary Care Practice (P=0.002 for age ≥65 and P<0.001 for other comparisons). A significantly smaller proportion of visits after scaled-up telemedicine implementation were with vulnerable patients.



Source: The authors

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

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Strategies to reverse disparities

(1) Proactively explore potential disparities in telemedicine access (device, broadband, literacy, language, privacy)

(2) Develop solutions to mitigate barriers to digital literacy and the resources needed for engagement in video visits (kiosks, local library, community partners)

(3) Remove health system–created barriers to accessing video visits (instructions in other languages, bias)

(4) Advocate for policies and infrastructure that facilitate equitable telemedicine access

S Nouri, et al. Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic. *NEJM Catalyst* May 4, 2020.

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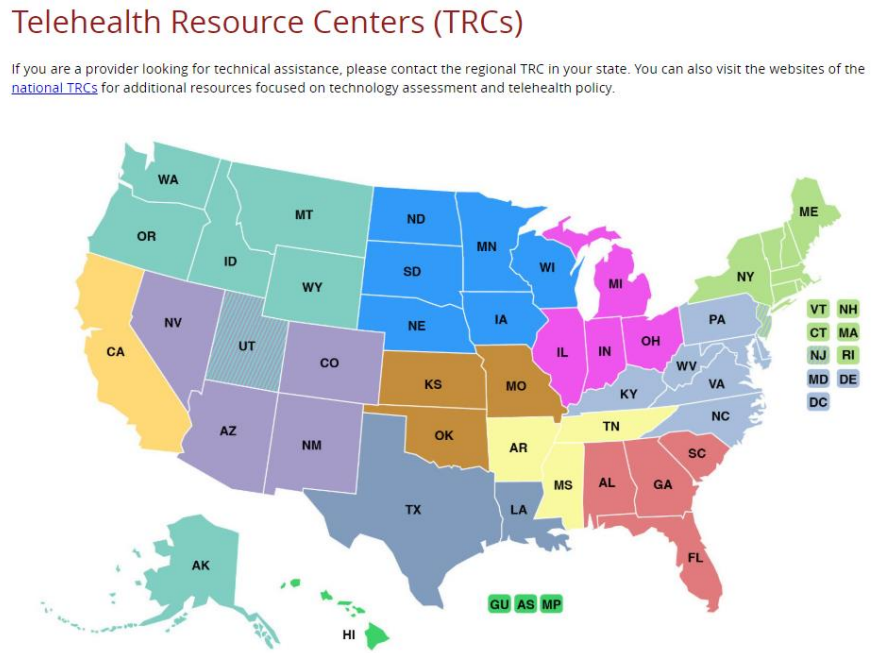
Resources

- American Medical Association. Telehealth Implementation Playbook. https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice
- https://www.hrsa.gov/rural-health/telehealth/resource-centers
- https://www.nrtrc.org/
- https://www.fsmb.org/
- http://ctel.org/



Questions?

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