Telemedicine
An Update

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Disclosures

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Learning Objectives

• Understand potential of telemedicine in patient care
• Appreciate role of telemedicine & ROI
• Assess role of telemedicine in disaster relief
COVID-19 RESOURCES FOR STATE LEADERS
The Council of State Governments

State COVID-19 Cases  Legislative Sessions & Resources  State Executive Orders  CSG News & Resources
State Courts  Elections  Resources

https://web.csg.org/covid19/executive-orders/

Healthcare
Medical
Public Health
Telemedicine

Telehealth
Administration
Consumer Education
Public Health
Health Professionals Education
Regional Health Information Sharing
Evaluation & Research
Homeland Security
Applications

- Intensive care units
- Inpatient care
- Emergency departments
- Emergency response vehicles
- Skilled nursing services
- Outpatient services
- Screening services
- Chronic disease management
- Patient support groups
- Home monitoring programs
- Clinical provider education
- Patient education
- Interpreter services
- Provider to provider consultation

Benefits

- Reduces barriers to access
- Increases efficiency for providers
- Reduces overall health care costs
- Reduces delays in care
- Retains resources locally
- Reduces travel
- Increases patient & provider satisfaction
- Supports Improved quality
- Improves health outcomes
- Literature contains numerous other benefits overall & by specialty
AZ Telemedicine Program (ATP)

- 1996 AZ State Legislature budgeted $1.2 M to fund 1st year Arizona Rural Telemedicine Network to establish telemedicine services in 8 rural communities with hub @ Univ AZ Health Sciences Center
- SWTRC (subsidiary ATP) created through HRSA-OAT grant to advance effective use TM throughout Southwest by assisting start-up telehealth programs in their development & as resource for existing programs regarding changes in technology & other issues affecting TH in Southwest
- Training key function ATP-SWTRC https://telemedicine.arizona.edu/training
- Service Provider Directory https://telemedicine.arizona.edu/servicedirectory

Getting Started

Define goals
Review existing conditions
Determine if/why/how goals attainable
Plan for reaching goals
What are your goals?

• Patient satisfaction
• Patient costs
• Reduce no shows
• Extend clinical reach
• Reduce (re)admissions
• Reduce physician costs
• Patient education
• Improve outcomes
• Physician satisfaction
• Access to specialty care
• Avoid transfers
**TELEMEDICINE BUSINESS CASE**

- Telemedicine has a 3-5 year average ramp to ROI, with early years heavy on cost and focused on infrastructure development and integration.
- Successful growth requires strategic prioritization and operational commitment.
- Telemedicine technology needs to be seamless – we have not yet invested in technology to be successful.
- Revenue / business case will vary with use cases that we promote – see below for examples:

  - **Outpatient Surgical F/u by RN/APP**
    - Increased NPV per surgeon
  - **Behavioral Health outreach**
    - Flat fee per session
  - **Rural Clinic visits**
    - NPV or RETS (at parity)
  - **Specially In-patient consultation**
    - Hosp NPV or Hosp F/u
  - **Cash based video visits**
    - Cash
  - **eVisit model**
    - Cash / CPT
Checklist for Initiating Telehealth Services

This resource is designed to guide you through the process for some of the questions you need to consider as you plan to implement a telehealth site or new service. This enforcement FREE-evaluation is available for each site or organization.

Pre-Work:
- Location of the site
- Staffing
- Equipment
- Supplies
- Information technology
- Training
- Ongoing evaluation

Implementation Plan Activities:

1. Administration
   - Site selection
   - Site selection criteria
   - Site selection process
   - Site selection methodology

2. Equipment
   - Site selection criteria
   - Site selection process
   - Site selection methodology

3. Training
   - Site selection criteria
   - Site selection process
   - Site selection methodology

4. Evaluation
   - Site selection criteria
   - Site selection process
   - Site selection methodology

5. Ongoing Evaluation
   - Site selection criteria
   - Site selection process
   - Site selection methodology

Telemedicine Visit Checklist

Follow these tips to help your telemedicine visit go as smoothly as possible.

Location:
- Choose a quiet and private space
- Close doors and windows to high traffic areas
- Turn off the radio, television, and phone
- Have a chair or couch available
- Make sure the area is well-lit
- Keep lighting even and in front of you, rather than behind you
- Close blinds and shades to prevent glare and shadows

Technology:
- Ensure your device has enough charge or is plugged in
- Check that your internet connection is stable
- Check the microphone and speaker
- Make sure the audio is clear
- Make sure the microphone is not blocked
- Make sure the microphone is not too close
- Keep the microphone at a distance

Audio:
- Adjust the volume, microphone, and speaker
- Keep the microphone at a distance
- Keep the microphone at a distance
- Keep the microphone at a distance
- Keep the microphone at a distance

Eye Contact:
- Keep eye contact
- Keep eye contact
- Keep eye contact
- Keep eye contact
- Keep eye contact

General:
- Be on time
- Have a clear and concise agenda
- Review the patient's chart
- Have a comprehensive discussion
- Keep the discussion focused
- Keep the discussion focused
- Keep the discussion focused
- Keep the discussion focused
- Keep the discussion focused


Eye Contact
ATA Practice Guidelines & Toolkits

- NAMSS-ATA Credentialing by Proxy Guidebook
- State TM Toolkit
- ATA Medical Board Talking Points & FAQ
- State Bill Components
- Ocular TH-DR
- Videoconferencing-Based Telepresenting
- Lexicon Assessment & Outcome Measures
- Core Operational Provider-Patient Interactions
- TeleICU operation
- Telepathology
- Primary & Urgent Care
- Teleburn Care
- Telestroke
- TMH Children & Adolescents
- Telerehabilitation
- Store-Forward & Live-Interactive Telederm Quick Guides
- Teledermatology
- Telederm Quick Guides Referring Providers
- THM
- Videoconferencing-Based TMH
- Video-Based Online MH
- Home TH

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Telehealth Resource Centers
We Are Here For You!
https://www.telehealthresourcecenter.org/
CMS & COVID (3-31-20)

- Expanding access to TH for people with Medicare adding at home, nursing or assisted living facility
- Will now pay for 80+ additional services via TH incl: ED visits, initial nursing facility & discharge visits, home visits, which must be provided by clinician allowed to provide TH
- Providers can evaluate beneficiaries who have audio phones only
- Allow TH fulfill many FTF visit requirements for inpatient rehabilitation facilities, hospice, home health
- Individuals can use commonly available interactive apps with audio & video capabilities to visit clinician
• If physician determines that Medicare beneficiary should not leave home due to medical contraindication or suspected/confirmed COVID-19 & beneficiary needs skilled services he/she considered homebound & qualify for Medicare Home Health Benefit so can receive services at home
• Virtual Check-In services or brief check-ins between patient & doctor by audio or video device can be provided both new & established patients
• Clinicians can provide RPM services no matter if for COVID-19 or chronic condition (e.g., monitor oxygen saturation levels using pulse oximetry)

• Check state Medicaid sites for their updates
• Many private payers posting as well

Billing & Coding
• AMA special coding advice COVID presents 11 care scenarios

Scenario 3: Patient received telehealth visit re: COVID-19, and is directed to come to physician office or physician’s group practice site for testing

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<th>Action</th>
<th>Notes</th>
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 ifstream.pdf
FCC (if adopted)

- COVID-19 Telehealth Program: $200 million support providers responding to pandemic providing eligible providers support purchase telecommunications services, information services, devices necessary to enable TH; would submit streamlined application & funds awarded on rolling basis until funds exhausted or pandemic over
- Connected Care Pilot Program: 3-year Pilot provide universal service support to defray qualifying costs providing connected care services; primary focus pilot projects primarily benefit low-income or veterans; up to $100 million for selected pilots to cover 85% eligible costs broadband connectivity, network equipment, information services

General Resources

- Office Civil Rights FAQs
- CMS General Provider & End-stage Renal Disease TH Toolkits
- FSMB states waiving licensure requirements/renewals COVID
- SAMSA Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency
- Many companies offer grant writing support
- Various professional societies
- Medicare TH FAQs
Conclusions

• TH at tipping point!
• Hopefully COVID waivers/changes will at least partially remain in place
• Will be funding opportunities like FCC but also grants (HRSA, PCORI, NIH)
• Takes effort to start program but resources available to help
• Visit TRC websites & explore online resources & reach out for help
  • Up to 10 hours free advice
• Training is critical – at very least do dry runs with fake patients
• TH practice very much human factors, organization, integration

Thank you!

• For more information
  • https://southwesttrc.org/
  • https://southwesttrc.org/contact
  • ekrupin@emory.edu

  • https://www.telehealthresourcecenter.org/