

Telehealth Medicine in the COVID-19 Response: Rapid Implementation

Su Wang, MD MPH

**Medical Director, Center for Asian Health &
Viral Hepatitis Programs**

Saint Barnabas Medical Center

President, World Hepatitis Alliance



COVID19 Timelines

- March 1: 1st Covid19 case in NY
- March 4: 1st Covid19 case in NJ
- April 16:



<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html#states>

Why Telehealth?

- Comply w social distancing efforts
 - Reduce exposure of patients and staff to Covid19
- Reduce PPE use (masks, gowns)
 - Recommendations increased for more protecting staff & patients
 - Conserve for higher acuity settings (inpatient, ED)
- Continue medical care without delay
 - Chronic conditions that need monitoring
 - Acute conditions before they become more severe
- Assess potential Covid19 patients remotely without exposing staff
- Manage Covid19 patients who are at home

Telehealth Implementation at Barnabas Health Medical Group (BHMG)

- March 9-13: Murmurings of physicians requesting telehealth for patients, especially those at high risk, learning from provider discussion groups (FB, twitter)
- March 14 weekend: Informal testing (using family members, staff); pitched to admin Sunday evening
- Mon March 16: Developed draft workflow for practices to convert existing visits to telehealth
- Wed March 18: Developed slides for telehealth ppt and doxy.me walkthrough
- Fri March 20: 1st Webinar for Providers (150 attended)
- Continue training roll out for next 2 weeks
 - Webinars at 12 and 5 pm offered twice a week
 - 1:1 guidance offered with superusers
 - Separate guides made for providers and staff
- 80% of our practices started telehealth by week 2, 100% by week 3, 50% of sites become completely virtual

Covid19 & CMS Telehealth Timeline

- March 4- CMS calls on all health care providers to activate infection control practices
- March 6- CMS issues FAQ including info on Telehealth
- March 9- CMS factsheet w additional guidance on Telehealth
- March 17- Expansion of Telehealth with 1135 Waiver
 - Visits will be paid like in-person visits from March 6 to end of Covid19 emergency
 - Waiving requirement for HIPAA compliant platform (can use Facetime, Skype, etc)
 - Expansion of locations, new & established patients covered, can waive cost sharing
- March 30- More sweeping changes
 - Phone only telehealth can be covered
 - Addition of 80 additional services covered by telemedicine – ED, inpatient, home visit, therapy, remote monitoring
 - Staff and trainees can be supervised over audio or video technology
 - Providers can practice across state lines, can render services from home

The Trump Administration issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. This unprecedented temporary relaxation in regulation will help the healthcare system deal with any patient surges by giving it tools and support to create non-traditional care sites and staff them quickly.



Telehealth

People with Medicare can now get telehealth services from their home, increasing their access to care.



Care by Phone

Patients can consult with a doctor, nurse practitioner, psychologist, and others and Medicare will cover it.



Rapidly Expand Health Care Workforce

A physician who has to self-quarantine can be recruited to provide care virtually, or oversee care delivered by other clinicians through interactive video/ audio conferencing. And Medicare will pay for providers who are licensed in one state to provide care in a different state if they are needed. Health systems can provide care options that use population management strategies like triaging based on COVID status as well as clinical status, employing doctors, nurses and other staff to better manage high patient volumes. Clinicians who are not fully employed during the emergency can be repurposed to provide care in other areas.



Testing Patients Where They Are

If a person has a physician order for a lab test for COVID-19, they can go to a drive-up testing center. Or, a laboratory may be able to send someone to their home to collect a test sample.



Making the Most Use of Community Health Care Resources

Hospitals can transfer patients to different types of units and facilities to keep patients safe and free up beds.



COVID-only Care Centers

During the Public Health Emergency, hospitals and dialysis centers can set up COVID-only centers to help reduce transmission to others.



Expanding Hospital Capacity

Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

**PATIENTS
OVER PAPERWORK**

Patients Over Paperwork

Administrative burdens have been reduced dramatically and permit frontline providers to triage patients and coordinate care despite high volume and extraordinary system stresses. By extending quality reporting deadlines and suspending medical necessity documentation, we are giving time back to doctors so they can focus on their patients. For example, provider documentation requirements for prior authorization are temporarily suspended. Additionally, we've made regulatory changes to provide temporary relief from many audit and quality reporting requirements so that providers, healthcare facilities, Medicare Advantage health plans, Part D prescription drug plans, and states can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

Virtual Patient Visits

- Types of Virtual Visits
 - **Telephone call** (telephone visits reimbursable as visits)
 - **Video conferencing** (e.g. Skype, FaceTime, Whatsapp, Doximity video or other video conferencing applications)
 - **Telehealth delivery platforms** (e.g. doxy.me, American Well, Vidyo, Zoom for Health etc.)
- For BHMKG, telehealth is current default for caring for existing & new patients
 - Regional locations set up to accommodate in-person visits
 - Lab and radiology sites w consolidated hours

Medical Group Virtual Visit Staff Guide

Revised 03/30/2020

The COVID-19 pandemic is rapidly evolving and our Medical Group response is also evolving in a dynamic manner. A critical, proactive measure all Medical Group offices must take to safeguard our patients and ourselves is to aggressively move traditional, in-person patient visits to virtual patient visits.

Virtual patient visits may be conducted via a telephone call or a video connection (e.g. doxy.me, Facetime, Skype, Zoom, etc.). Outlined below is a guide for staff to follow as we aggressively convert to virtual visits.

1. Review of Schedule

24 hours prior to appointments, schedules are to be reviewed by staff and providers

Note: COVID Screening questions should still be asked when scheduling appointments

a. Existing Scheduled Patients

- i. Identify well visits (Medicare AWW, physicals, etc.) to either be converted to a follow up visit to be conducted via telehealth or rescheduled 8 weeks out
- ii. Identify patients needed to be seen in person (this should be kept to a minimum)
- iii. Call remaining patients to convert appointment to telehealth (see script below)
 - Schedule using "TELEH15" (Allscripts PM) or "Telehealth 15" (Cerner CPM) appointment type

b. Established Patients Requesting New Appointment

- i. The default for scheduling will be to utilize telehealth for the appointment
 - Schedule using "TELEH15" (Allscripts PM) or "Telehealth 15" (Cerner CPM) appointment type
- ii. If the provider indicates otherwise, patient may be scheduled in person (this should be kept to a minimum)
- iii. Confirm patient's contact and insurance information including cell phone number for telehealth

c. New Patients Requesting New Appointment

- i. Notate whether RWJBH employee (prioritize)
- ii. The default for scheduling will be to utilize telehealth for the appointment
 - Schedule using "TELEH15" (Allscripts PM) or "Telehealth 15" (Cerner CPM) appointment type



Telehealth Visits -- Dynamic Documentation Note Cerner PowerWorks

Revised March 30, 2020

1. **Appointment scheduling:** Use standard physician appointment schedule with standard office location
 - a. **Appointment type:** Select **Telehealth 15**
2. **Patient Check-in:** Patient appointments must be arrived in CPM in advance of appt.
 - a. Staff would check-in appointments in advance of the appointment and complete all applicable fields and encounter creation as needed.
 - b. When the Add (or Modify) Encounter window appears, the following fields should default automatically if the Telehealth 15 appointment type was used.
 - i. **Encounter Type** = **Video Visit**
 - ii. **Service Facility** = **Telehealth**
 - iii. **POS Code** = **02 – Telehealth**

ZZTEST, DANIELLE Female 78 years DOB: Feb 20, 1942 MF

Add Encounter: Add Encounter

Details Other

Selected Facility

Facility Clara Cares Community Service/BHMC Building Clara Cares Community Serv Location Clara Cares Commur

Rendering Provider Fajardo APN, Faith Referring Physician Fajardo APN, Faith Superv

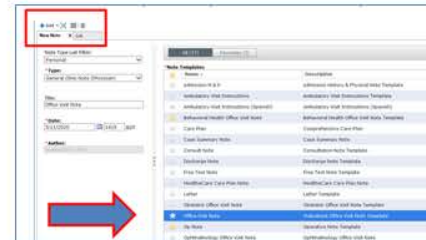
Place of Service

Service Facility Telehealth POS Code 02 - Telehealth

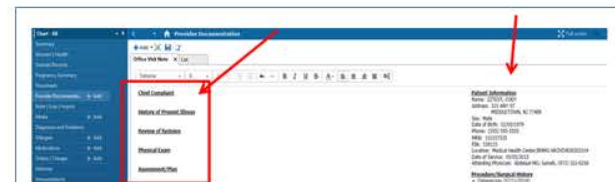
Encounter Type Video Visit Begin Date 03/23/2020 End Date Referral Source

3. Provider documentation:

- a. Provider would select patient from the Ambulatory Organizer on the current encounter
- b. Provider will navigate to Provider Documentation, select Dynamic Documentation, at the + Add drop down and opens a "Office Visit Note" template



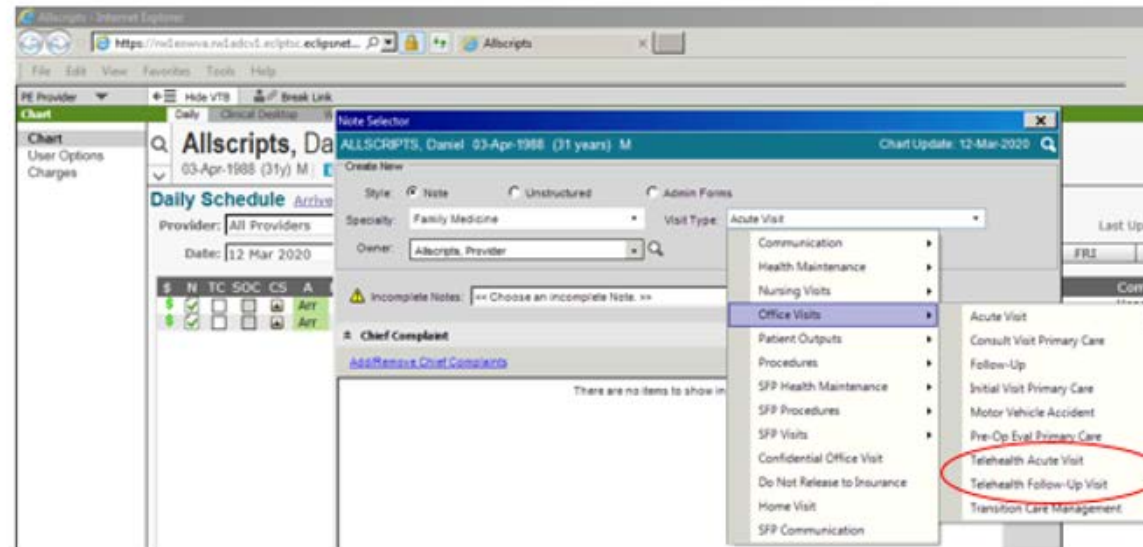
- c. The note template pulls in patient and historical data on the right side. The provider enters details of current visit on the left side. Details can be typed in, dictated via Dragon or entered utilizing auto text.



Telehealth Visits - Allscripts PM and Touchworks

Revised March 30, 2020

1. **Appointment scheduling:** Use standard physician appointment schedule with standard office location
 - a. *Appointment type: Select **TELEH15; TELEHEALTH 15***
2. **Patient Check-in:** Patient appointments must be Acknowledged in Allscripts PM before the visit begins
 - a. Staff would complete all applicable registration fields
3. **Provider documentation:**
 - a. Provider will log into the respected Site in Touchworks
 - b. Select patient from the Daily schedule and start the Note
 - c. When starting the Note, select Office Visit as the Visit Type
 - i. Note options are Telehealth Acute Visit or Telehealth Follow-Up Visit



Workflow of Telehealth Visits

Scheduler (PSR)

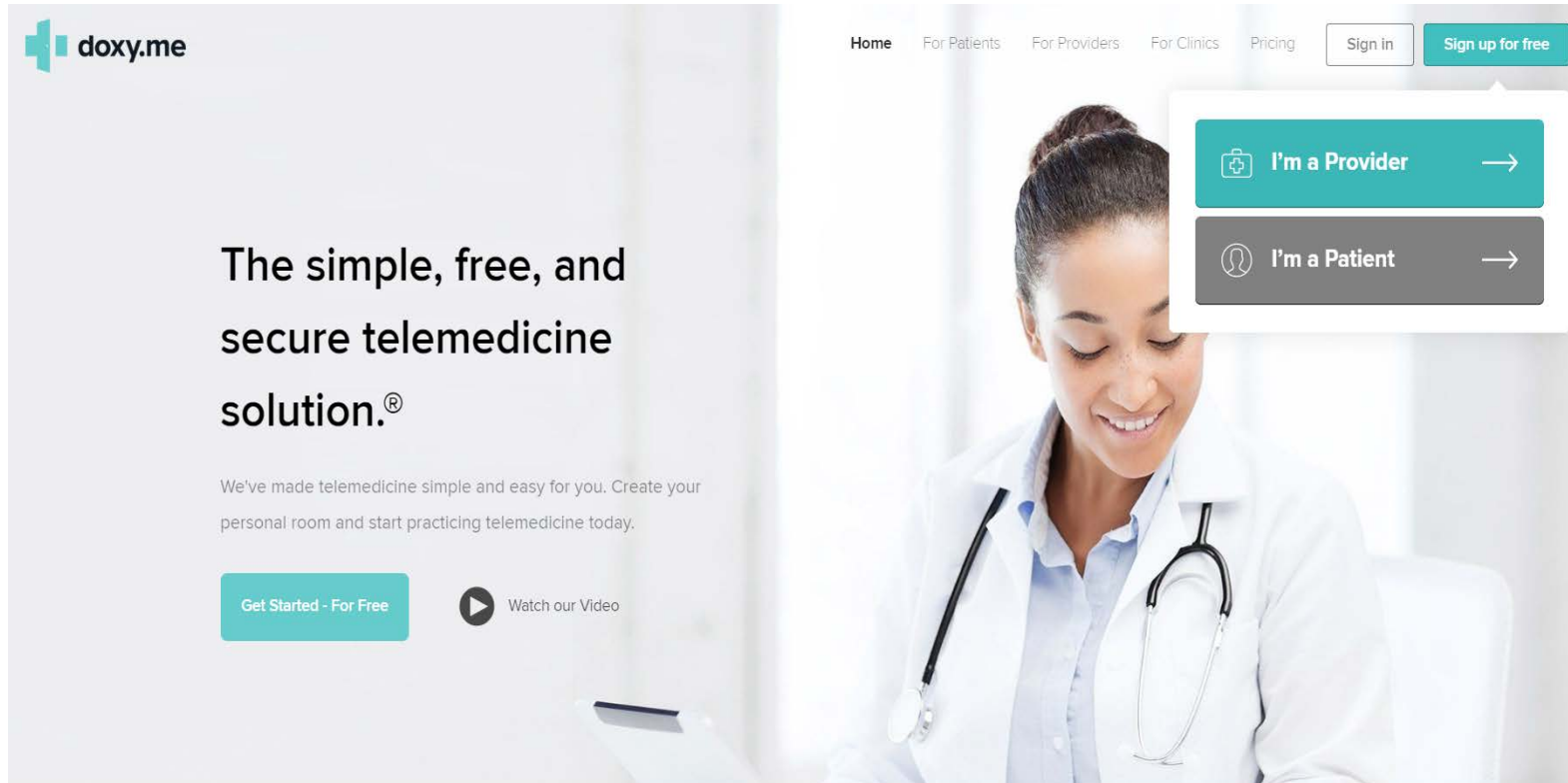
- Call ahead to convert to telehealth
- Explain reason for virtual visit & limitations:
 - Benefits- no potential exposure to coronavirus, not delaying medical care
 - Risks- physical exam limited
- Confirm email & phone number for virtual visit, document patient preference of video or just audio
- PSR can check in all telehealth visits at beginning of day so provider can open notes, does not have to be right before visit (can undo if no-show)

Provider

- Use office note with standard layout of chief complaint, hx of present illness, review of systems, assessment/plan
- For physical exam (video), document what is observable. Request visualization as needed, BP, HR, weight if indicated & pt has machine
- Add to note “This visit was conducted utilizing an interactive audio and visual telecommunication system which allowed real time face-to-face communication. Patient was made aware of risks and benefits of telehealth and agreed to telehealth services.”
- Code regular E&M CPT Codes based on complexity & other requirements
 - Add appropriate modifier code (95 for Medicare, some commercial may use GQ or GT)

Walkthrough of Doxy.me

(Free, HIPAA compliant)



RWJBarnabas
HEALTH

Welcome to your Dashboard

The screenshot shows a mobile browser interface for the doxy.me website. At the top, the status bar shows the time as 10:34 AM on Wednesday, March 18, and the battery level at 88%. The browser address bar displays 'doxy.me'. Below the browser, a navigation bar includes 'VNA Intranet', 'Outlook Web App', and 'Dashboard'. The main content area features a dark sidebar on the left with the doxy.me logo and a 'FREE' tag. The sidebar menu includes 'PATIENT QUEUE' (with a note 'No one has checked in yet'), 'ACCOUNT', and a list of options: 'Your Dashboard', 'Edit Waiting Room', 'Account Settings', 'Meeting History', 'Help Center', 'Upgrade', and 'Logout'. A 'Pre-call Test' button is at the bottom of the sidebar. The main content area has a large white box with the text 'Welcome, Dr. Shihabuddin!' and an invitation link 'https://doxy.me/drshihabuddin' with 'Copy' and 'Invite via' buttons. Below this are four icons for 'Edit Waiting Room', 'Account Settings', 'User Community', and 'Telehealth Shop'. A promotional message encourages upgrading to a Professional or Clinic account for \$29/mo. On the right, a profile picture of a woman is shown. At the bottom right, a chat window for 'doxybot from Doxy.me' is open, displaying a welcome message and a search bar for articles.

10:34 AM Wed Mar 18

doxy.me

VNA Intranet Outlook Web App Dashboard

doxy.me FREE

PATIENT QUEUE
No one has checked in yet

ACCOUNT

- Your Dashboard
- Edit Waiting Room
- Account Settings
- Meeting History
- Help Center
- Upgrade
- Logout

Welcome, Dr. Shihabuddin!

To invite someone to your waiting room, share this link:

<https://doxy.me/drshihabuddin> **Copy** **Invite via**

Edit Waiting Room **Account Settings** **User Community** **Telehealth Shop**

Upgrade to Professional or Clinic account, starting at \$29/mo

doxybot from Doxy.me

Hey Linal!

Thanks for signing up! Our [getting started videos](#) is the quickest and easiest way to learn how to use Doxy.me.

Our [help pages](#) are also a great way to learn:

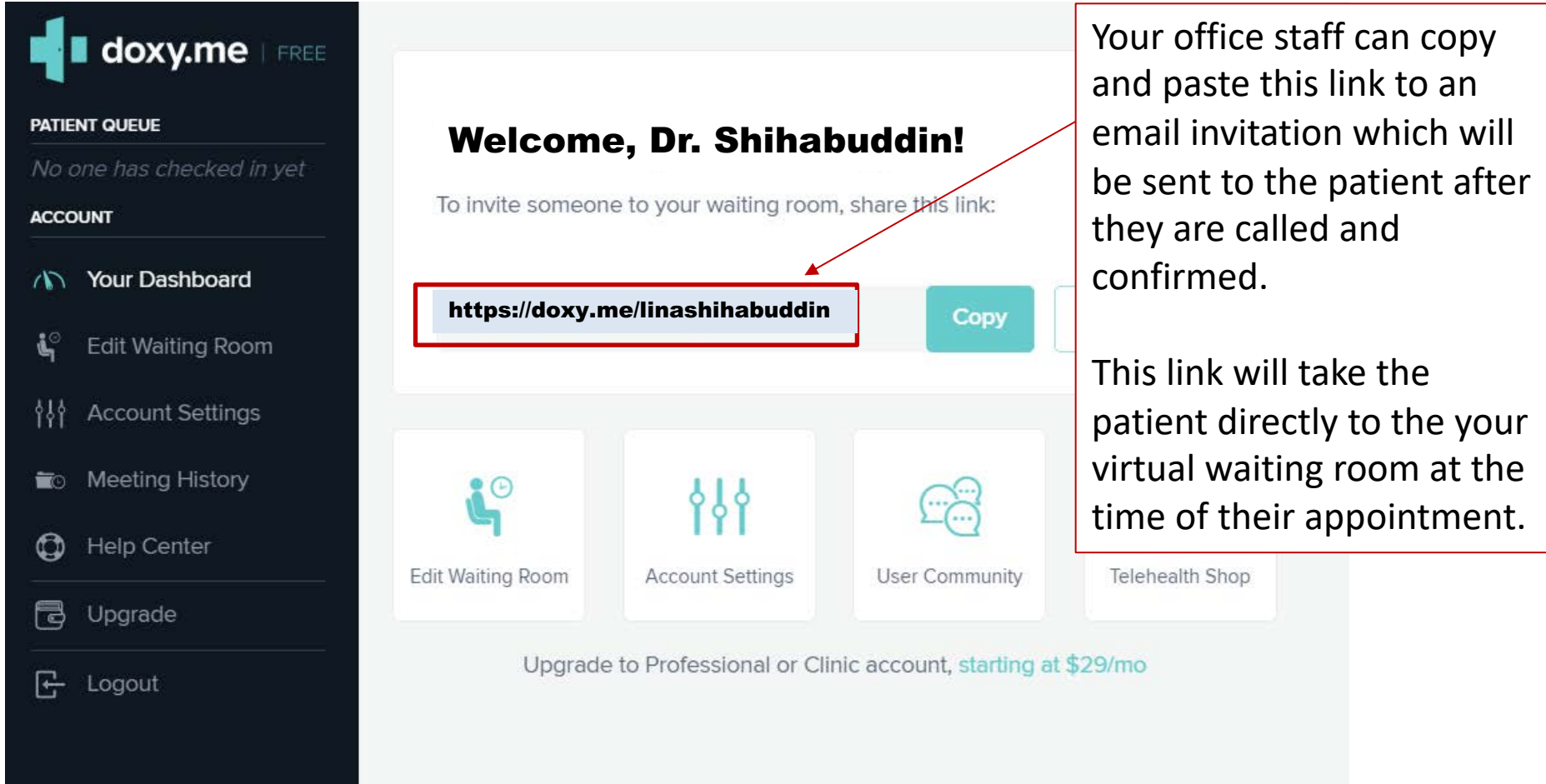
Find an answer yourself

Search for articles... **>**

What specific questions do you have?

Pre-call Test
5 tips for a great call








Invite a Patient



doxy.me | FREE

PATIENT QUEUE
No one has checked in yet


ACCOUNT


-  Your Dashboard
-  Edit Waiting Room
-  Account Settings
-  Meeting History
-  Help Center
-  Upgrade
-  Logout


Welcome, Dr. Shihabuddin!


To invite someone to your waiting room, share this link:

<https://doxy.me/linashihabuddin> Copy

 Edit Waiting Room

 Account Settings

 User Community

 Telehealth Shop

Upgrade to Professional or Clinic account, **starting at \$29/mo**

Your office staff can copy and paste this link to an email invitation which will be sent to the patient after they are called and confirmed.

This link will take the patient directly to the your virtual waiting room at the time of their appointment.

Sample Email Invitation

Dear Jane Doe

This is Dr. Shihabuddin's office.

Please connect to your virtual visit **March 18 at 9:00 am** through a secure video call.

Use a computer or device with a good internet connection and webcam.

Please first test your audio and webcam with this website.

<https://tokbox.com/developer/tools/precall/results>

About 10-15 minutes before your appointment, please click on this link to connect and you will enter the "waiting room." It will ask you for your name

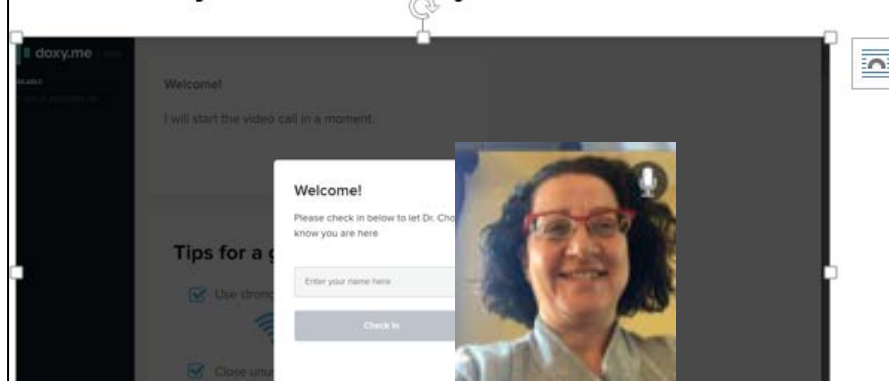
<https://doxy.me/drshihabuddin>

Wait in the waiting room until the doctor starts the call. There will be a way to "chat" with your provider too if there are any issues with audio or video. If you are unable to connect for whatever reason, your doctor will call your phone number.

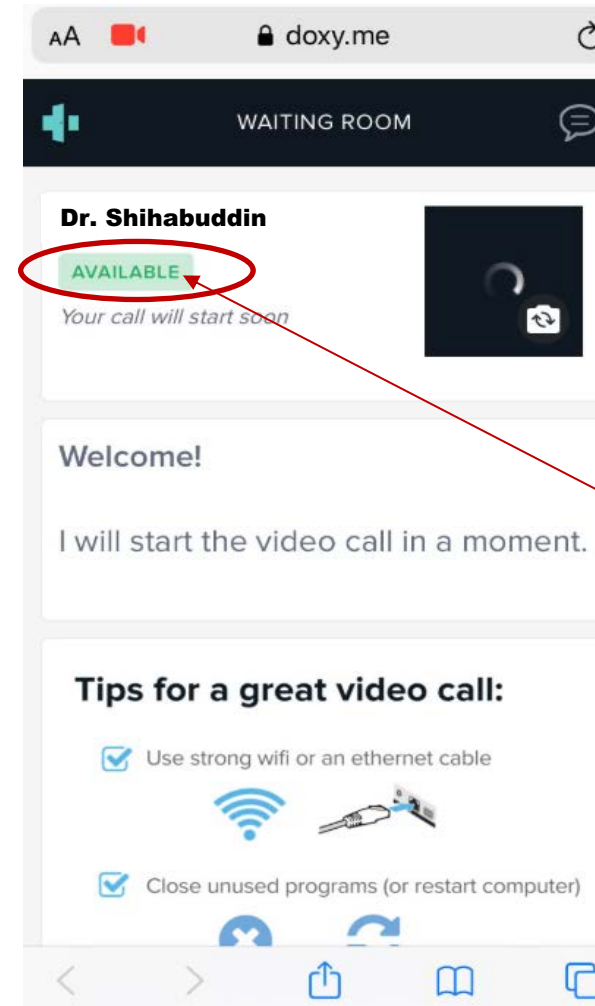
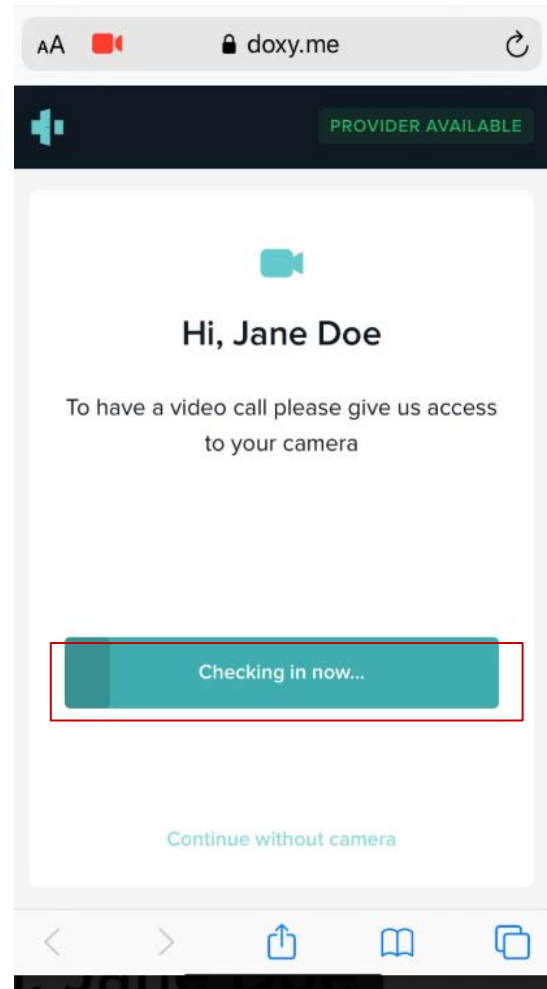
If you run into issues connecting, resync or restart your computer or phone. Try not to have many programs open on your computer. Further help can be found at

<http://help.doxy.me>

This is what you will see when you click on the link. Please enter your name.



Patient View: Virtual Waiting Room



Your patient will see if provider is logged in

Starting the Visit

Hover over patient's name to start your call

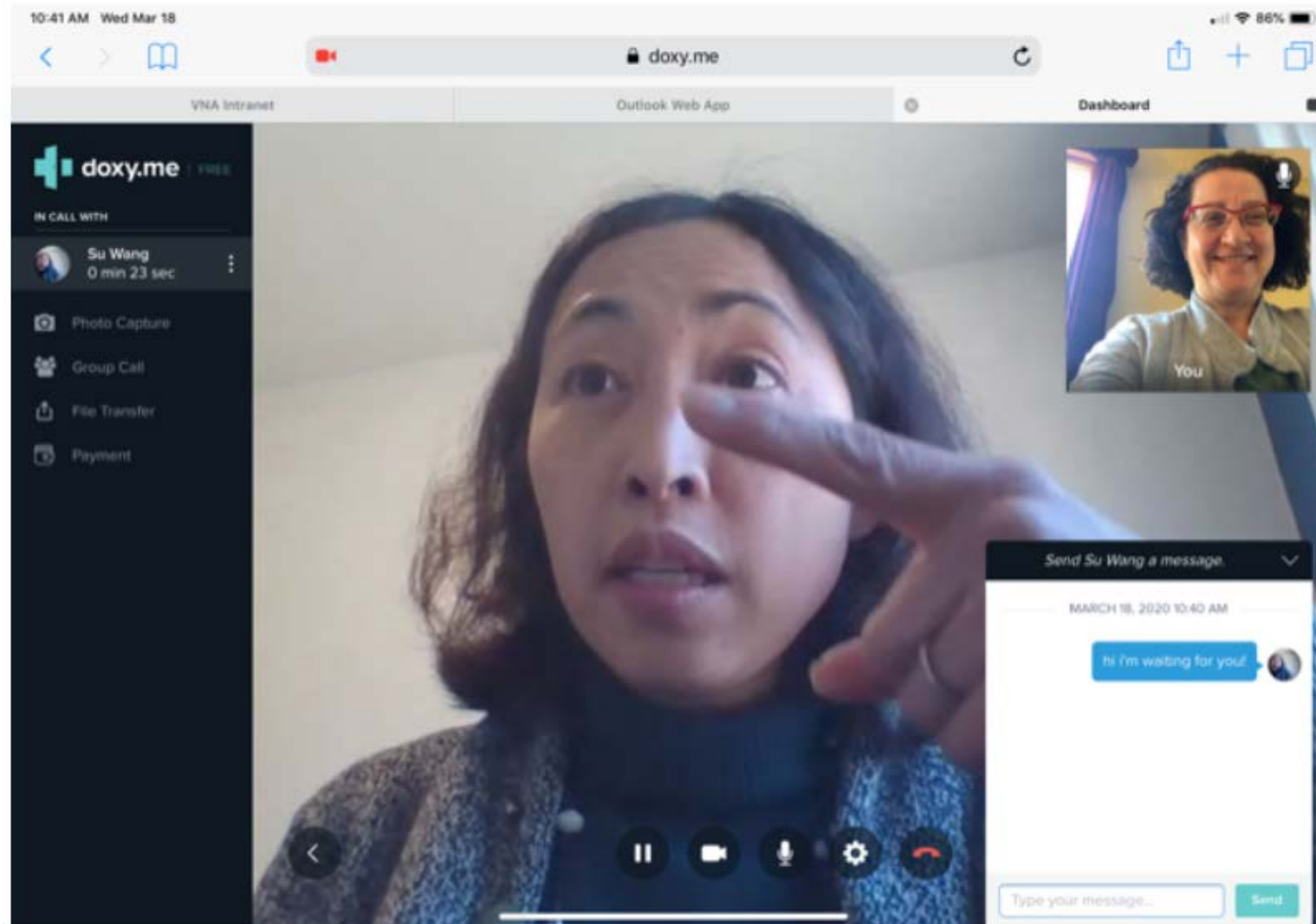
The screenshot shows the doxy.me web application interface. On the left is a dark sidebar with the doxy.me logo and a 'PATIENT QUEUE' section containing a 'Start Call' button and a three-dot menu icon. Below this is an 'ACCOUNT' section with links for 'Your Dashboard', 'Edit Waiting Room', 'Account Settings', 'Meeting History', 'Help Center', 'Upgrade', and 'Logout'. At the bottom of the sidebar is a 'Pre-call Test' button. The main content area displays a patient profile for 'Su Wang', who is 'waiting <1m in /drshihabuddin from New Jersey, United States'. The profile includes a video thumbnail, status icons, and device information (Laptop/Desktop, Windows, Poor connection, 80%). Below the profile are buttons for 'Edit Waiting Room', 'Account Settings', and 'Upgrade to Professional or Clinician'. A volume control overlay is visible in the center. On the right, there is a video feed of a woman and a chat window from 'doxybot' with a message: 'Hey Lina! Thanks for signing up! Our getting started guide is the quickest and easiest way to get started. Let us know if you have any questions.' At the bottom right, there is a chat input field with the text 'What specific questions do you have?' and a 'Send Su Wang a message.' button.

Click here for more patient info

Note: Location must be in the same state you are licensed

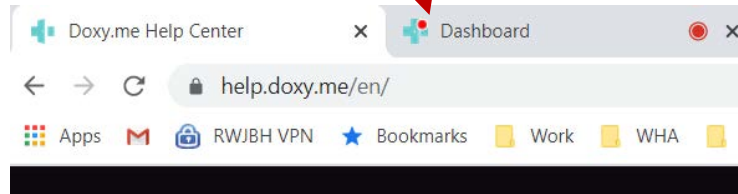
Chat option: (e.g. to let the patient know you will be with them shortly)

The Visit

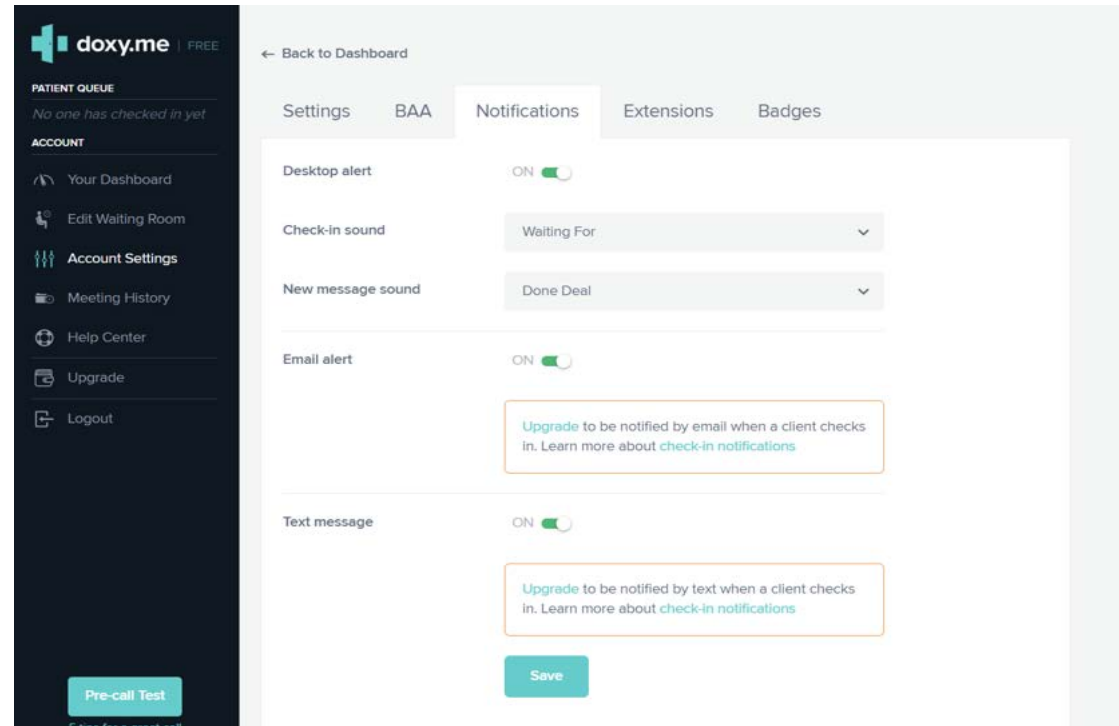


Will I be notified when the patient arrives?

From your tabs, you will see a red circle popup



Note: With the free version, can set up desktop alert which makes a check-in sound.



Virtual Video Telehealth Etiquette

- Telehealth Etiquette
 - Professional personal appearance
 - Position device for direct eye contact with patient
- Setting
 - Respect patient privacy (close doors)
 - Remove background sound (away from busy corridors, parking lots, restrooms)
 - Uncluttered background
 - Good Lighting

Hepatitis Services During Covid19

- Automated HBV/HCV testing continues at hospital and inpatient; decrease in volume of non-Covid patients
- Thusfar, new patients prefer to wait for evaluation, bloodwork
- Established patients
 - Continue to see
 - Ambulatory pharmacist can provide 1:1 consultation via telehealth
 - If on treatment, switch medications from pharmacy pick up to home delivery
 - Bloodwork & radiology- delay if not urgent; but can be done at designated sites
- Liver and other transplants on hold

- Covid19 can lead to liver enzyme elevation (14-53%)
 - Treatments such as remdesivir and immunomodulators (tocilizumab, sarilumab, siltuximab) can lead to ALT elevation



Extra Insurance Slides

COVID-19 Telehealth Services

Last update: April 14, 2020, 11:30 a.m. CDT



Starting March 18, 2020, UnitedHealthcare expanded our policies around telehealth services for Medicare Advantage, Medicaid, and Individual and Group Market health plan. Starting March 18, 2020, we will also waive cost sharing for in-network occupational and speech therapy services (PT/OT/ST),

Expanded Provider Telehealth Access

UnitedHealthcare is waiving the Centers for Medicare a requirement for Medicare Advantage, Medicaid, and Individual and Group Market health plan. Starting March 18, 2020, we will also waive cost sharing for in-network occupational and speech therapy services (PT/OT/ST), while a patient is at home.

COVID-19 Testing-Related Telehealth Visits

From Feb. 4, 2020 and throughout this national emergency, we will waive cost sharing for in-network COVID-19 testing-related telehealth visits, including

NEW! Cost Share Waived for In-Network Telehealth

We will also waive cost sharing for in-network telehealth services from March 31, 2020 until June 18, 2020 for Individual and Group Market health plan with opt-in available for self-funded

For medical and outpatient behavioral telehealth visits, please click [here](#) . For PT/OT/ST provider visits, interactive audio/video telehealth, please click [here](#) .

Telehealth

A visit with the provider who uses an audio-video or audio-only telecommunications system.

[Learn More](#)

Virtual Check-Ins

A brief check-in with the provider using a recorded video and/or images submitted by the patient.

[Learn More](#)

Electronic Visits

Communication between a patient and his/her provider through an online patient portal.

[Learn More](#)

PT, OT and ST Telehealth

Specific CPT® codes are eligible for reimbursement.

[Learn More](#)

Chiropractic Therapy

Specific CPT® codes are eligible for reimbursement.

[Learn More](#)

Home Health

Details on eligible services and reimbursement.

[Learn More](#)



An Anthem Company

Telemedicine (video + audio):

For 90 days effective March 17, 2020, Empire began waiving member cost sharing for telemedicine visits, including covered visits for mental health and substance use disorders, for our fully insured employer plans, Individual plans, Medicare plans and Medicaid plans, where permissible. This applies to use of our LiveHealth Online platform, as well as for care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.

Telehealth (Telephonic/FaceTime care)

Effective March 19, 2020, Empire began waiving member cost sharing for telehealth visits (by phone or FaceTime/Skype) with in-network providers, including covered visits for mental health and substance use disorders and medical services. Cost sharing is waived for in-network providers only and applies where medically appropriate if all other requirements for a covered health service are met. Out-of-network telehealth visits are also covered if the member's benefit plan has out of network benefits but may be subject to cost sharing. This applies to our fully insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Self-insured plan sponsors may opt out of this program.

Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telehealth or telemedicine consultations. This waiver will remain in place for 90 days.

Telehealth Scenario 4: New patient visit with a provider who uses an audio-video or audio-only telecommunications system COVID-19 or non-COVID-19 related care.



Patient Scenario	Visit	Billing
<p>New patient* presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19 related care without COVID-19 diagnostic testing.</p>	<ul style="list-style-type: none"> Scheduled or same day telehealth visit with a new patient Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype* Care is delivered by a physician, nurse practitioner or physician assistant <p><u><i>*HHS is exercising enforcement discretion and waiving penalties of HIPAA during the COVID-19 emergency period.</i></u></p>	<p>Step 1. Use appropriate Office Visit E/M code (99201-99205)</p> <p>Step 2. Use place of service that would have been reported had the service been furnished in person (11, 20, 22, 23)</p> <p>Step 3. Use 95 modifier for commercial, Medicare Advantage and Medicaid*</p> <p>Step 4. Refer to CDC ICD-10-CM Official Coding Guidelines</p> <p><i>Medicaid* state specific rules for modifiers and POS apply.</i></p>

*Subject to state law requirements.



How is Aetna covering telehealth services for members?



For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visit – regardless of diagnosis.¹ Members should use telemedicine as their first line of defense in order to limit potential exposure in physician offices. For all Aetna plans offering Teladoc[®] coverage or a different virtual care option², cost sharing will be waived for those virtual visits. Cost sharing will also be waived for real-time virtual visits offered by in-network providers (live videoconferencing and telephone-only telemedicine services) for all Commercial plan designs. Members may use telemedicine services for any reason, not just COVID-19 diagnosis. Self-insured plan sponsors will be able to opt-out of this program at their discretion.³

Until further notice, Aetna will offer zero co-pay telemedicine visits for any reason to all Individual and Group Medicare Advantage members. Aetna Medicare Advantage members should use telemedicine as their first line of defense to limit potential exposure in physician offices. Cost sharing will be waived for all Teladoc[®] virtual visits. Cost sharing will also be waived for real-time virtual visits offered by in-network providers (live video conferencing or telephone-only telemedicine services). Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis.⁴