

Telehealth 101

Affinity Group

Session 1: Getting Started

April 17, 2020



Legal Disclaimer

Our best efforts were made to make the information included in this presentation as current and accurate as possible as of the date it was presented and is not intended as legal advice. Please consult the necessary professionals or regulatory agencies for more updated/detailed and legal requirements and advice.

Quick Logistics



Please mute your microphones during the presentation.



This presentation will be recorded and sent to registered participants.



Please enter your questions in the chat box.



Share your experience with the group.



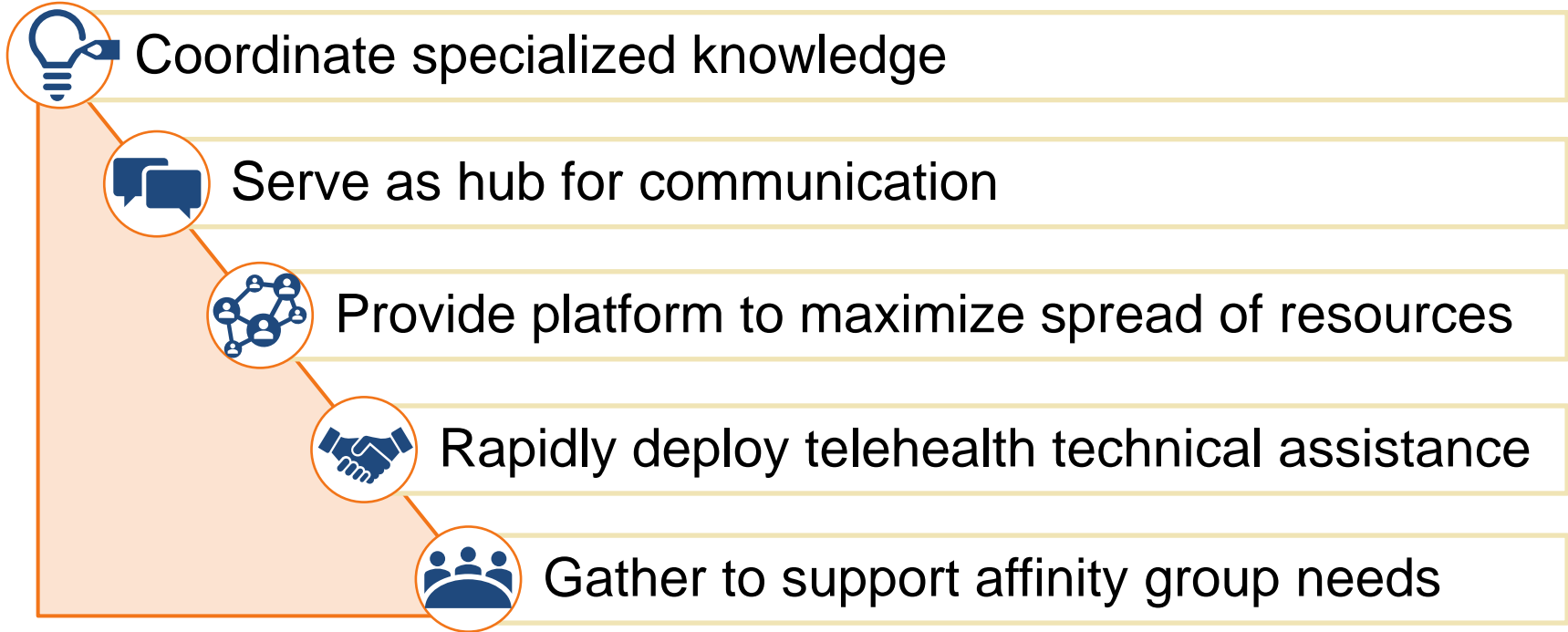
Be kind – We are all learning together.

Telehealth Regional Health Improvement Collaborative (RHIC)

We are very grateful to this group of key stakeholders and experts who are helping guide our telehealth work.

- Telehealth resource centers and networks (NRTRC, TTAC, WYTN, MTA)
- MT and WY hospital associations
- MT and WY primary care associations
- Departments of health
- Medicaid services
- Health Information Exchanges (WYFI, BSCC)
- Office of Rural Health
- WY Medical Society
- Caravan Health

Our Goal



What is an affinity group?



“A group of people having a common interest or goal and acting together for a specific purpose”

Telehealth Affinity Group Goal:

To **increase capacity** of health care providers and organizations in our region **to quickly perform telehealth visits by offering access** to subject matter experts, virtual peer networking opportunities, implementation tools and resources.

Mountain-Pacific Telehealth Team

Provider Champion/
Subject Matter
Expert

Eric Arzubi,
MD



Health Insurance
Portability &
Accountability Act
(HIPAA)/Security

Susan Clarke,
HCISPP



Technical Expert

Deb Anderson,
CPHIMS



Billing

Amber Rogers,
RN, MSN

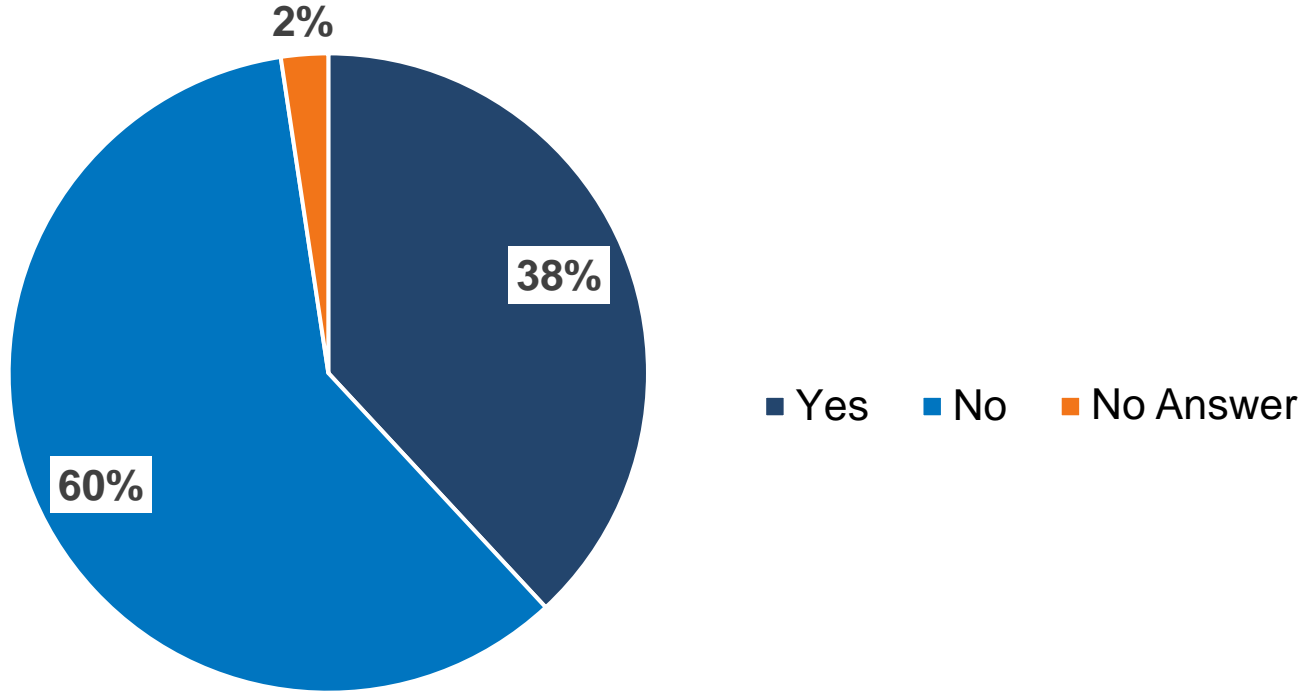


Workflow &
Patient Prioritization

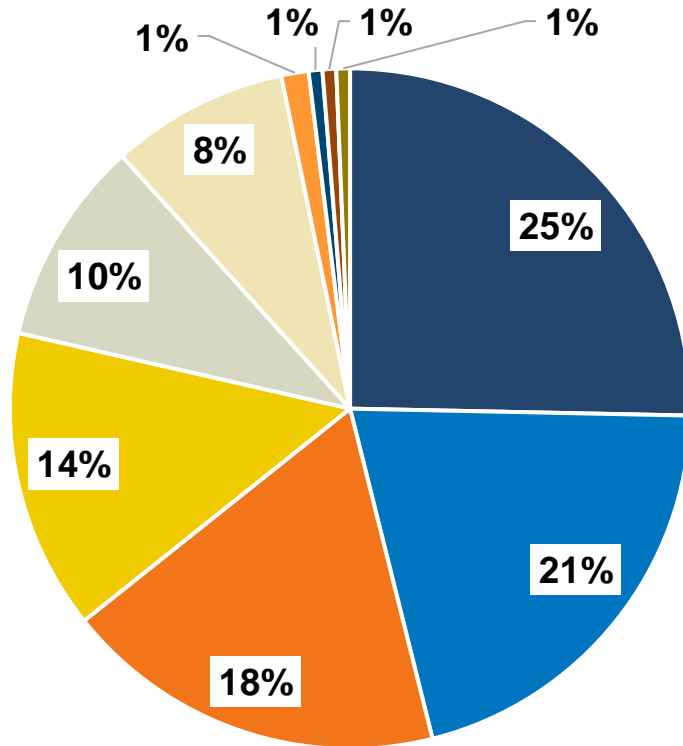
Kristen Range-Schuster



Offering Telehealth before COVID-19?

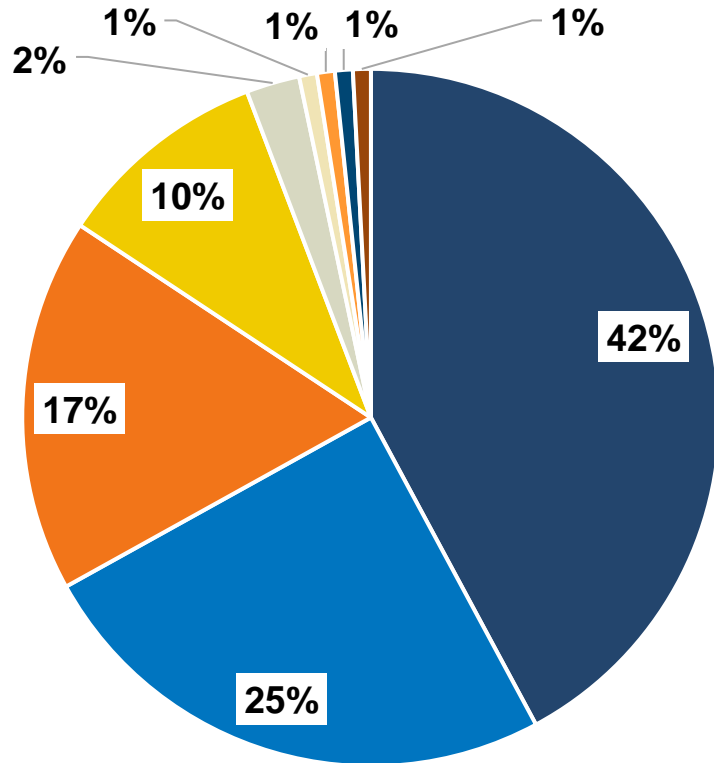


Telehealth Service Barriers - Providers



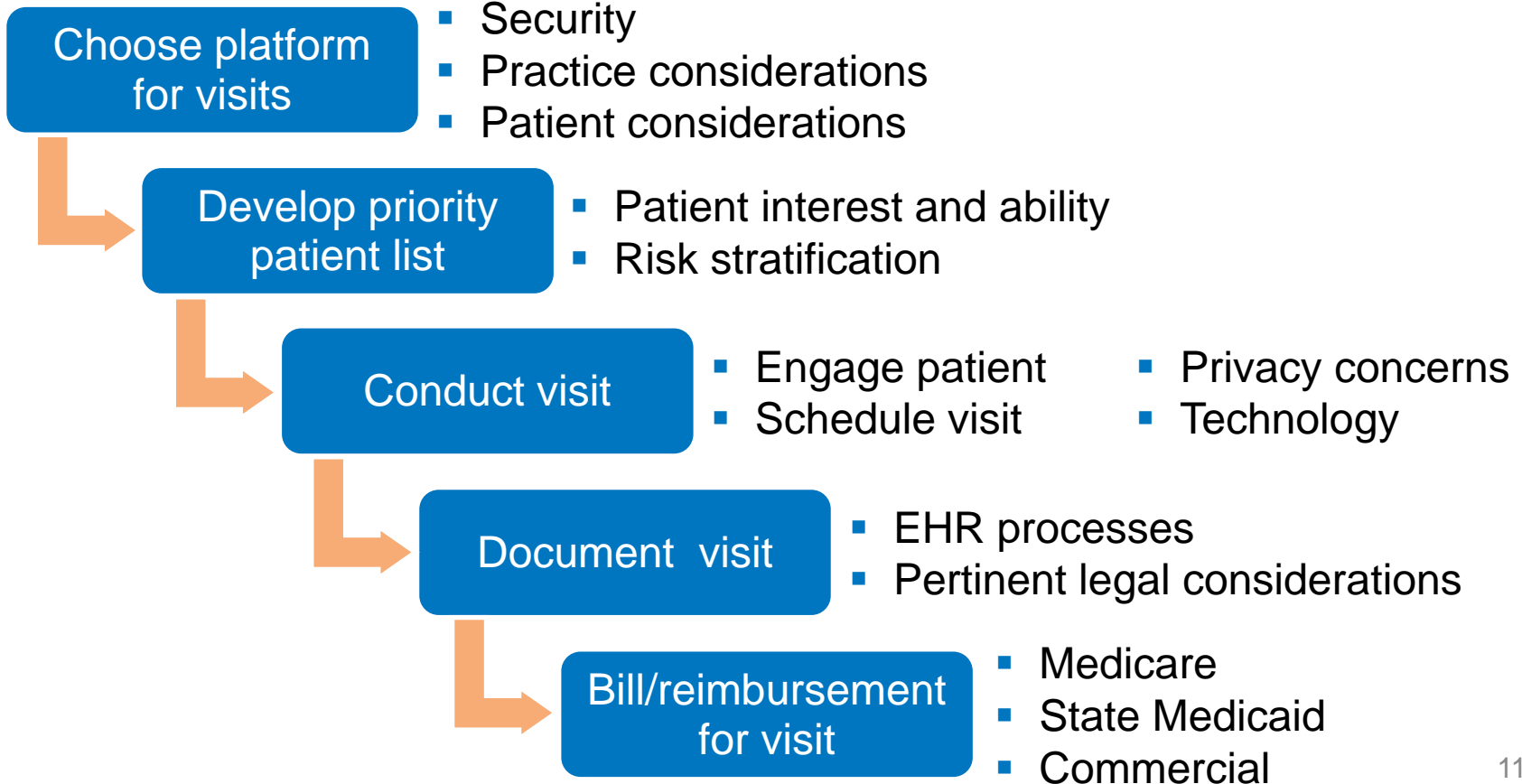
- Billing
- Workflow
- Technical
- Concerns about loss of ancillary services revenue
- HIPAA
- Cost
- Reimbursement
- Family practice provider and support staff buy-in
- Identify need
- Helping geriatric populations connect. Providing Devices to those without

Telehealth Service Barriers - Patients



- Patients unease with technology
- Not familiar with concept
- Concerns about privacy
- Access To Technology
- Equipment
- Complicated
- Desire for provider contact
- Getting the word out that this is available.
- Lack of patient education

Telehealth Visit Quick Start List*



Step 1. Choosing a Platform: Privacy & Security

Susan Clarke and Deb Anderson



Telemedicine OCR Bulletin: COVID-19

The Department of Health and Human Services (HHS) Office of Civil Rights (OCR) will **waive potential penalties for HIPAA violations**, so patients can avoid travel, when possible, to health care facilities where they could risk their own or others' exposure to further illness. **If possible, still use secure, HIPAA-compliant services** and have business associate agreements in place.



Choosing a Platform: Patient Friendly*

Today's Most Commonly Used Communications during COVID-19

Vendor	Product	Platform	Encryption/ Authentication	Security Considerations	Collect to Connect
Apple	FaceTime	Not recommended outside Apple iOS	AES-256-bit, End-to-end	Calls not stored on Apple's servers; iCloud Backup can be turned off	Phone and email or Apple ID
Microsoft	Skype	Android, Apple, Windows	AES-256-bit, End-to-end	Data routed through Microsoft; for end-to-end must use Private Conversation	Phone and email or Skype ID
Microsoft	Teams	Only works within your Office 365 environment; may not be viable solution	AES-256-bit	Data resides in Office 365; subject to security controls, retention and ediscovery	User ID only if assigned through work
Facebook	WhatsApp	Android, Apple, Windows	AES-256-bit, End-to-end	Facebook no access to contacts or conversations	Phone and email or username
Facebook	Messenger	Android, Apple, Windows	AES-256-bit, Not encrypted by default	Facebook no access to contacts or conversations; for end-to-end, must use Secret Conversation	Phone and email or username
Google	Google Hangouts	Android, Apple, Windows	AES-256-bit & SHA-1	Some data resides in Google	Phone and email

Choosing Telemedicine Software



Choosing a Platform: Accessibility



Work on multiple devices



Work over cellular (mobile) and WiFi



Easy to install



Easy to open



Easy to use

Choosing a Platform: Reliability



Service level agreements for uptime of system



Understand limitations in areas where bandwidth is an issue



Plan for backup (e.g., FaceTime)

Step 2. Engaging Patients

Dr. Eric Arzubi



Engaging Patients

Setting



- Clinic to clinic?
- Clinic to home?
- Home to home?

Basics



- Robust internet
- Light from the front
- Sound

Prioritizing



- “Telemedicine triage”
- No different from “real” triage
- Identify criteria for risk stratification (low, medium, high)

Feedback

Mountain-Pacific Patient and Family Advisor, Wanda, had this to say about a recent tele-visit:



“This afternoon I just had my first ever telehealth visit with my physician and loved it. I could see and hear him well and avoided having to go to the clinic. Our recent forced isolation has made many people experiment with Zoom and other formats to connect, so I am thrilled to hear about this option.”

Step 3. Conduct the Visit

Dr. Eric Arzubi



Clinical Processes



Data Needs?

- Questionnaires
- Vital signs
- Demographic info
- Insurance info



Contingencies

- Emergency
- Technical issues (e.g., loss of connection)

Patient Interaction



During Session

- Eye contact
- Check in: “How is this working for you?”



After Session

- “Could I have done anything differently?”
- Lessons learned
- Any bugs to fix

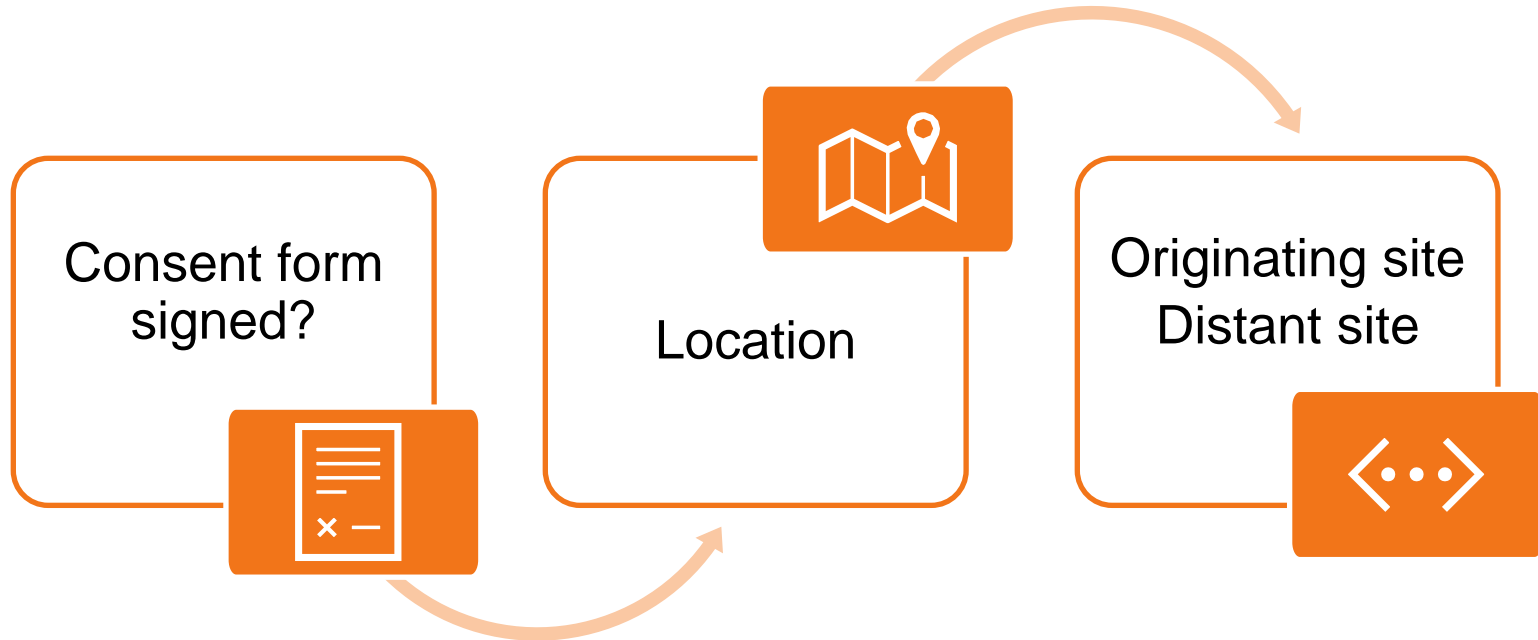
Step 4. Document the Visit

Dr. Eric Arzubi

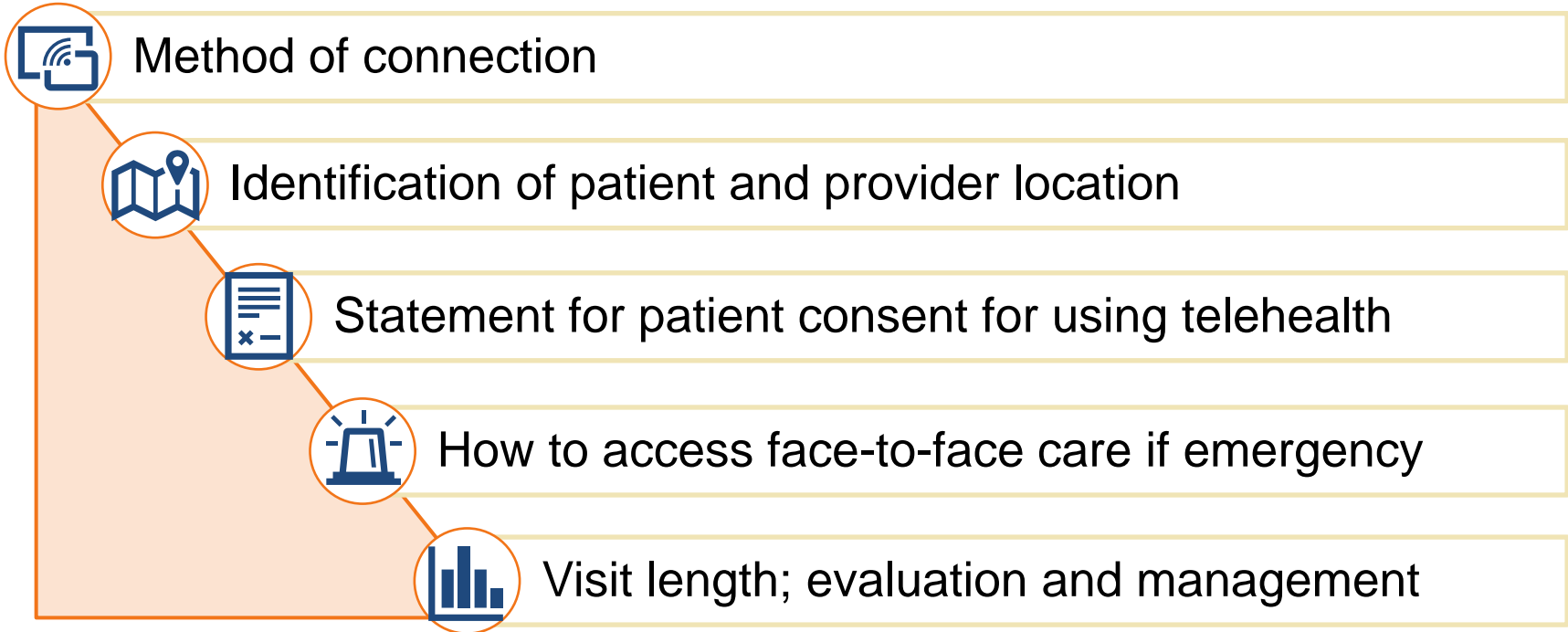


EHR Processes

Consider building a template to streamline process:



Legalities



Step 5. Billing and Reimbursement

Amber Rogers and Dr. Eric Arzubi



Telehealth Coding



+80 codes for telehealth in hospitals, nursing homes and home health



Services can be for new or established patients

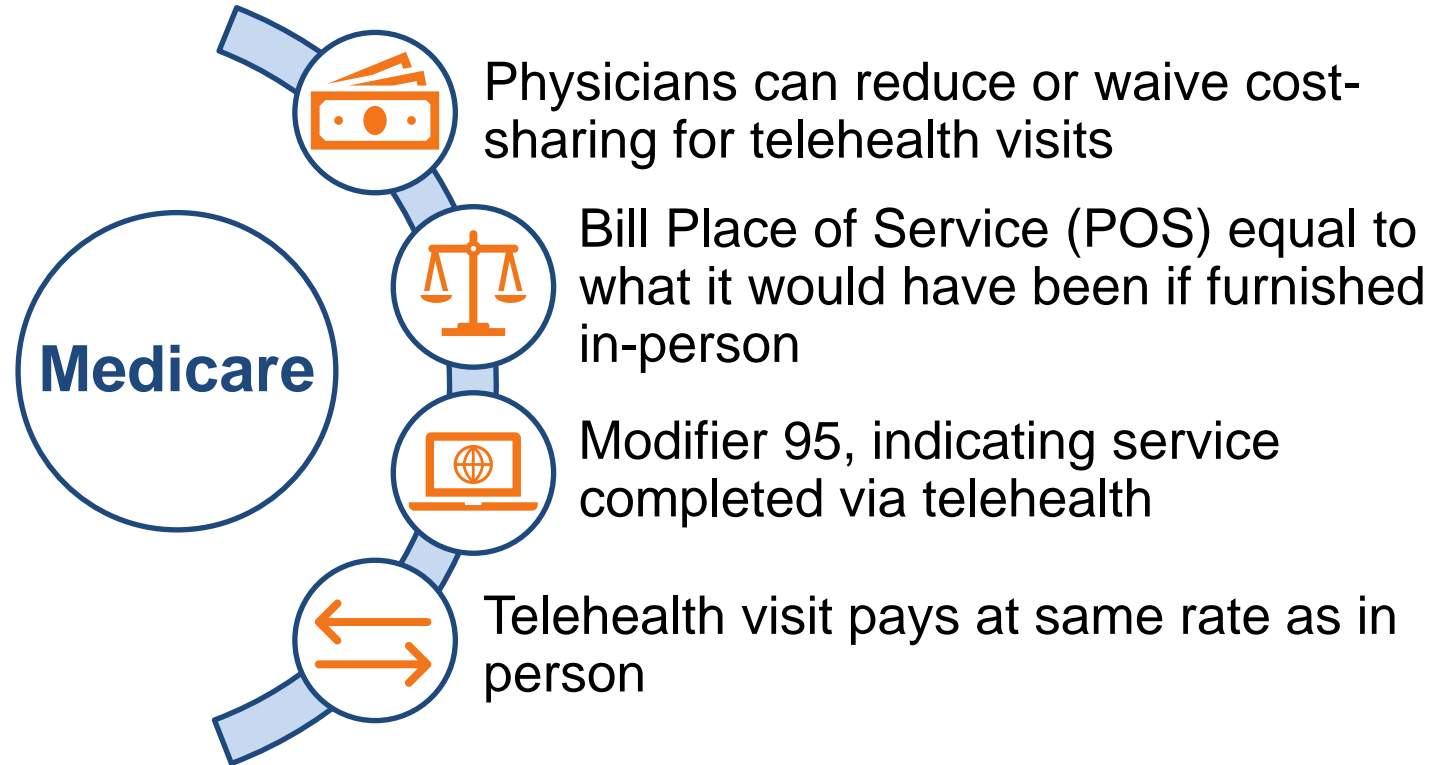


Televisits must have interactive, real-time audio/video with patient



Telephone visit codes available for patients not able to access interactive technology

Billing: Medicare



TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Billing: Medicaid

	AK	HI	MT	WY
Paid at same rate as in-person visit	YES	YES	YES	YES
Facebook Live, TikTok, Twitch	NO	NO	NO	NO
Telehealth Registry Required	YES	NO	NO	YES
Billing	POS 02 + Modifier	POS 02 + Modifier	POS 02	Use Modifier

Questions & Answers



Developed by Mountain-Pacific Quality Health, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Alaska, Hawaii and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 12SOW-MPQHF-AS-AT-20-18

Tools and Resources

The following handouts from today will be distributed to registrants:

- Checklist
- Vendor list
- Implementation guide

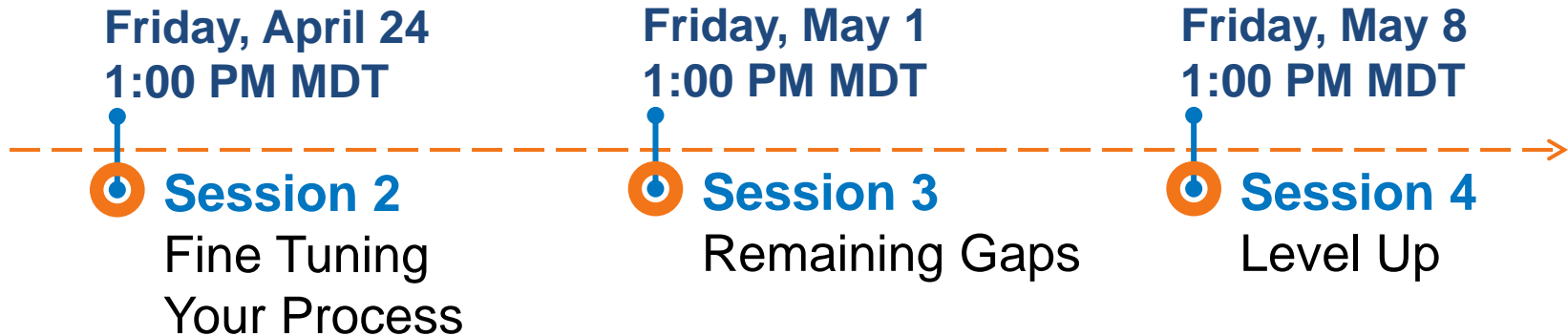


**COMING
SOON!**
Telehealth
Website

 **A one-stop shop for
all things telehealth!**

Next Sessions

- Remaining sessions will be 30-45 min. in length.
- Subject matter experts from today's session will be available at all sessions.
- You do not need to register. You will receive emails with the recording from the previous week and log-in info for the coming week.
- Email questions for the next session to Amber Rogers at arogers@mpqhf.org.



Next Steps

Start where you are comfortable

If needed, schedule a coaching call with one of our team members

Share your progress or any speed bumps at next session

Presenter Contact Information

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Workflow & Patient Prioritization

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Kristen Range-Schuster



Thank you!

For general QIN-QIO program questions
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