

Chronic Disease Prevention

Using Telehealth to Care for Chronic Care Patients during the COVID-19 Crisis

April 16, 2020



Presented by:

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Disclaimer

The information presented is current as of the presentation date and is not intended as legal advice. Please consult the necessary professionals or regulatory agencies for more updated/detailed information.



About Us

We are collaborative.

Part of a national network of quality improvement organizations; operate locally to improve health care by supporting providers, practitioners, patients and other stakeholders

We provide solutions.

To achieve better care and better population health and to lower health care costs through quality improvement

We are nonprofit.

Contract with Centers for Medicare & Medicaid Services (CMS), Office of Rural Health, FLEX grants, state departments of health and several other funding sources



Goals for Today

- Understand the impact COVID-19 physical distancing orders and stay-at-home guidelines have on chronic disease patients
- Learn details on 1135 waivers for telehealth



Goals for Today

- Review virtual care options including
 - Telehealth
 - E-visits
 - Virtual visits
- Simple steps to get started with telehealth
NOW

Deb Anderson, CPHIMS

Health Care Transformation Account Manager



Over 35 years' experience in information technology (IT), 18 in health IT

15 years' experience supporting hospital and physician practices through state and federal reporting programs

Board member of WYFI and BSCC (HIEs)

Born and raised in rural Nebraska



Faith Jones began her healthcare career in the US Navy over 35 years ago. She has worked in a variety of roles in clinical practice, education, management, administration, consulting, and healthcare compliance.

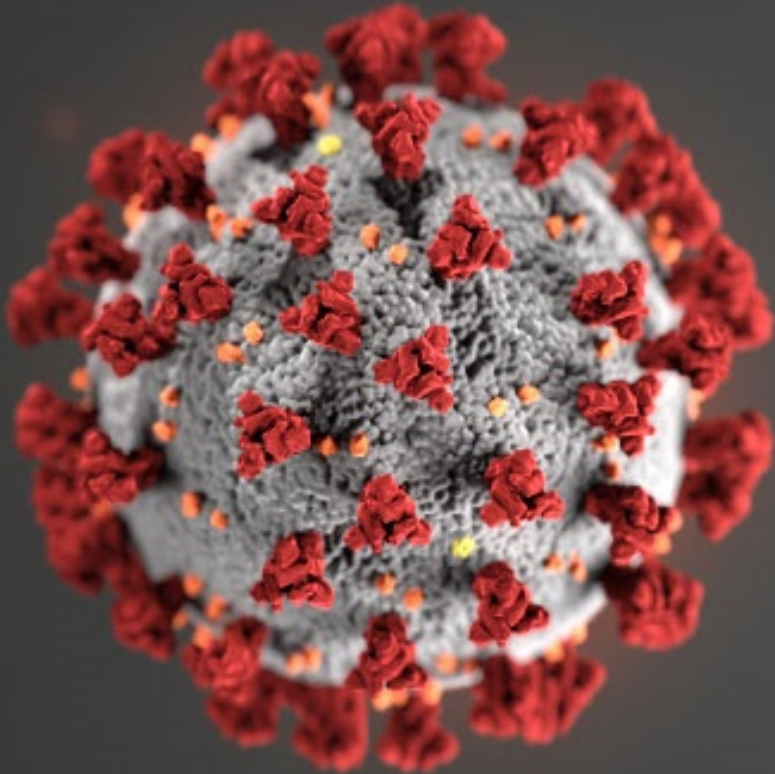
Her knowledge and experience span various settings from ambulatory to inpatient to post-acute. In her leadership roles she has been responsible for operational leadership for all clinical functions including multiple nursing specialties, pharmacy, laboratory, imaging, nutrition, therapies, as well as administrative functions related to quality management, case management, medical staff credentialing, staff education, and corporate compliance.

She currently implements care coordination programs focusing on the Medicare population and teaches care coordination concepts nationally. She also holds a Green Belt in Healthcare and is a Certified Lean Instructor.

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Understanding COVID-19 Physical Distancing Orders and Stay-at-Home Guidelines

Guidelines



White House “**Slow the Spread**”
guidelines in place until April 30

Part of nationwide effort to slow spread of
COVID-19 through implementation of social
distancing at all levels of society

https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

Slow the Spread



Listen to state and local authorities



If you feel sick, stay home; contact your medical provider



If your children are sick, keep them home; contact your medical provider



If someone in your household tests positive, keep entire household at home; contact your medical provider



If you are older, stay home/away from people



If you have a serious underlying health condition that increase your risk stay home/away from people

Slow the Spread

DO YOUR PART TO SLOW THE SPREAD OF THE CORONAVIRUS

Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow the spread of the coronavirus.

Work or engage in schooling **FROM HOME** whenever possible.

IF YOU WORK IN A CRITICAL INFRASTRUCTURE INDUSTRY, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.

AVOID SOCIAL GATHERINGS in groups of more than 10 people.

Avoid eating or drinking at bars, restaurants, and food courts — **USE DRIVE-THRU, PICKUP, OR DELIVERY OPTIONS.**

AVOID DISCRETIONARY TRAVEL, shopping trips, and social visits.

DO NOT VISIT nursing homes or retirement or long-term care facilities unless to provide critical assistance.

PRACTICE GOOD HYGIENE:

- *Wash your hands, especially after touching any frequently used item or surface.*
- *Avoid touching your face.*
- *Sneeze or cough into a tissue, or the inside of your elbow.*
- *Disinfect frequently used items and surfaces as much as possible.*

CORONAVIRUS.GOV

State and Local Guidelines

COVID-19 Orders and Guidance

Wyoming Public Health Orders

4/3/20 Statewide Public Health Order Continuation on Public Spaces

Additional Closures

- Star-Tribute offices
- Yellowstone National Park
- Grand Teton National Park
- All Wyoming High School Activities Association practices, competitions and activities
- Nicolaysen Art Museum
- Boys & Girls Clubs of Central Wyoming
- YMCA of Natrona County
- WyoMovies theaters
- Hogadon Basin Ski Area
- Wind River Hotel & Casino
- Natrona County Library

State Health Departments

- Wyoming
<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/>
- Montana
<https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt>
- Hawaii
<https://health.hawaii.gov/coronavirusdisease2019/>
- Alaska
<http://www.dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>

Impacting Everyone

Stress

Anxiety

Fear

Anger

Access to
food

Access to
supplies

Access to
medications

Layoffs

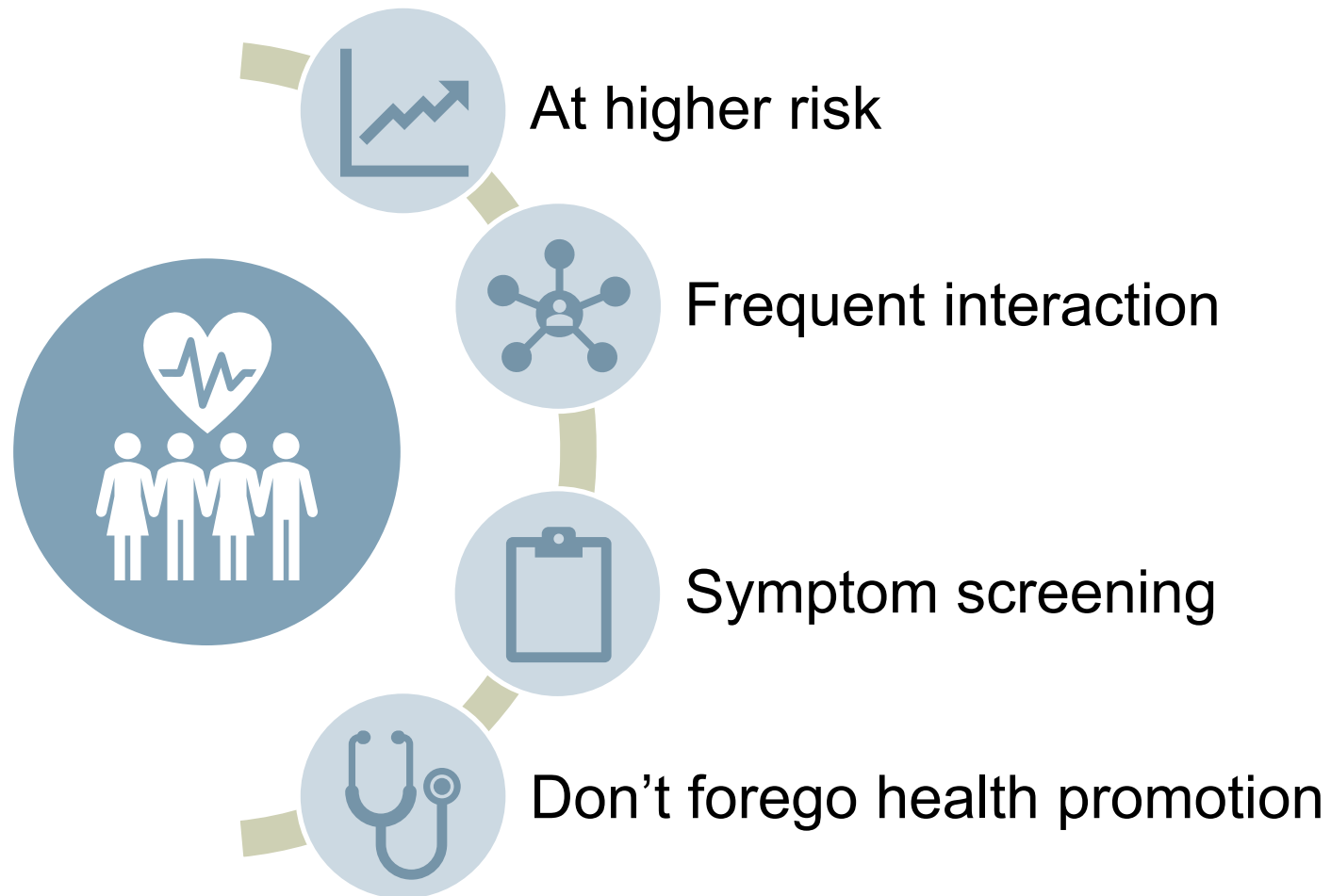
No income

Higher
expenses

Stock
market down

Pets may
be happy

Patients with Chronic Conditions



Don't Cancel. Go Virtual.

Possible new symptoms,
pain, etc.

Email, text or call to discuss
best approach for appointments

Annual wellness visit

Make a plan – reassures;
provides personal control

Set up

Telehealth appointment, virtual
check-in, e-visit



Emergency Waivers



Centers for Medicare & Medicaid Services (CMS) extends flexibilities (Social Security Act, section 1135) to make it easier for clinicians/facilities to provide care

Waiver Information

Learn details on 1135 Waivers and how your clinic and providers are affected

Date

2020-03-17

Subject

COVID-19: President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak



mlnconnects

Official CMS news from the Medicare Learning Network®

SPECIAL EDITION

Tuesday, March 17, 2020

What is being waived?

Geographic Location



Beginning March 6, 2020

Medicare temporarily paying clinicians to provide telehealth services for beneficiaries **across entire country**

What is being waived?

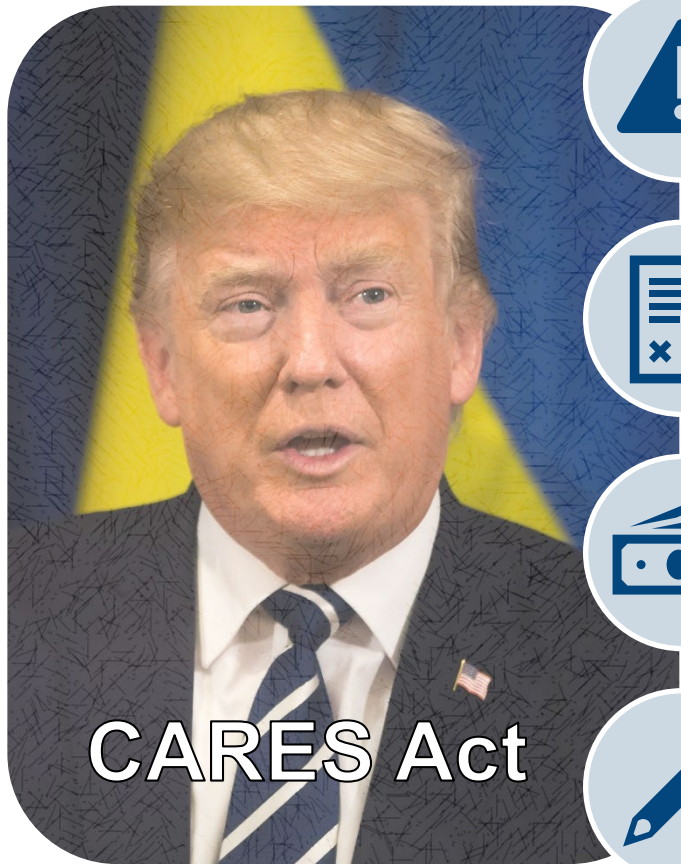
Requirements for Originating Site



Beginning March 6, 2020

Beneficiaries can receive various telehealth services (office visits, mental health counseling, preventive health screenings) **from their home** to avoid exposure risk

Does the waiver apply to RHCs and FQHCs?



No, but **CARES Act** does



Coronavirus Aid, Relief and Economic Security Act (H.R. 748)



\$2.2 trillion



Signed into law March 27

What does CARES Act do for RHCs and FQHCs?



Enhances Medicare telehealth services for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) **during COVID-19 emergency**

How does CARES Act help RHCs and FQHCs?



Pays for telehealth services provided by FQHC or RHC **during COVID-19 emergency**, provided center is not in same location as beneficiary

What does CARES Act change that waiver did not?



Payment amount to FQHC or RHC that serves as **distant site**

(“distant site” includes FQHC or RHC)

HIPAA Guidance

Office of Civil Rights (OCR)

3/17/2020

Notification of Enforcement Discretion for telehealth | HHS.gov

HHS.gov

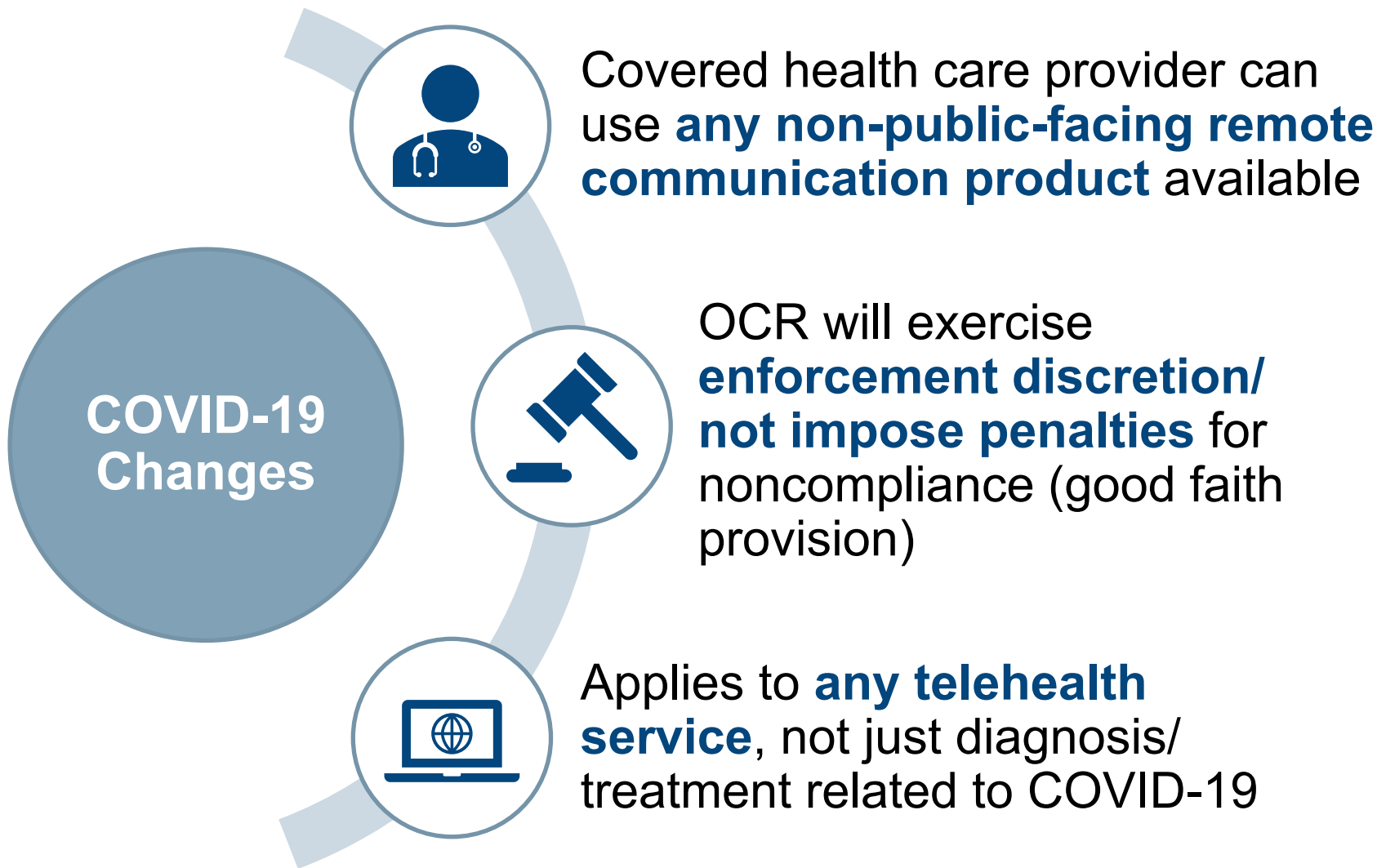
U.S. Department of Health & Human Services

Health Information Privacy

Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

Technology



Technology

Acceptable Popular Applications

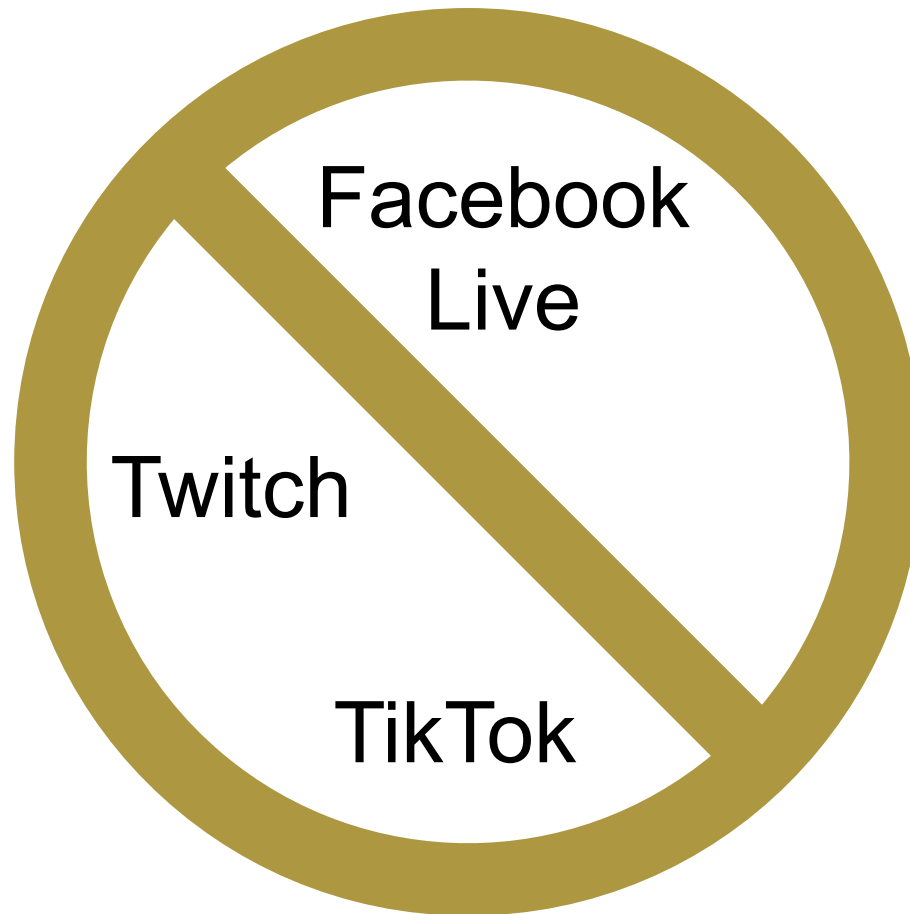
- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Zoom
- Skype

Notify patients of potential privacy risks

Enable all available encryption and privacy modes

Technology

DO NOT USE PUBLIC-FACING APPLICATIONS



Waiver Information

There's more...



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Official CMS news from the Medicare Learning Network®

SPECIAL EDITION

Tuesday, March 31, 2020

News

- Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge
- Billing for Professional Telehealth Services During the Public Health Emergency
- New Specimen Collection Codes for Laboratories Billing for COVID-19 Testing

Virtual Supervision

In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.

**Effective for services starting March 6, 2020 for
duration of COVID-19 Public Health Emergency**

TELEMEDICINE VISIT OPTIONS

Summary of Medicare Telemedicine Services

| 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. | Common telehealth services include: <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) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes | For new* or established patients. *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 |
| 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. |

Types of Virtual Visits



Medicare Telehealth Visits

- Respond to calls for assistance
- Replaces urgent care requests



Virtual Check-in

Check on high-risk patients



E-Visits

Patient portal communication with established patients

Medicare Telehealth Visit



Use popular apps for video chat
(e.g., FaceTime, Skype)



Patient can be new or established



Patient can be located anywhere

CPT 99201-99215 • HCPCS G0425-G0427

Virtual Check-in



New or established beneficiary has brief communication with practitioner from anywhere (including home)



Must be initiated by patient, but practitioners can educate beneficiary before service/patient initiation

HCPCS code G2012 • HCPCS code G2010

E-Visit

- Use online patient portal
- Online exchanges with practitioner



CPT codes 99421-99423 • HCPCS codes G2061-G2063

CCM Time



Time is always billable with chronic care management (CCM) patients, regardless of communication

Ready to get started!

State of Telehealth: Common myths

1

“I have to get new computers, cameras and other expensive equipment.”

2

“It will take a long time to get up and running and train my staff.”

3

“My patients, especially the older ones, aren’t comfortable with technology.”

4

“My patients only want to interact face-to-face.”

5

“I won’t get reimbursed for telehealth services.”

Funding for Telehealth



COVID-19, REGULATORY ISSUES APRIL 7, 2020

The Coronavirus Aid, Relief, and Economic Security (CARES) Act

On March 27 the Coronavirus Aid, Relief, and Economic Security Act, or the CARES Act, was signed into law. The \$2 trillion package is aimed at combating the economic damage from US coronavirus crisis.



COVID-19, DIGITAL HEALTH & TELEMEDICINE APRIL 6, 2020

FCC Adopts \$200 Million COVID-19 Telehealth Program

The Federal Communications Commission voted to adopt a \$200 million telehealth program to support healthcare providers responding to the ongoing coronavirus pandemic. Congress appropriated the funds as part of the CARES Act.

FCC Applications

Medical services to be provided with COVID-19 telehealth funding (check all that apply):

- Patient-based Internet-connected remote monitoring
- Other monitoring
- Video consults
- Voice consults
- Imaging diagnostics
- Other diagnostics
- Remote treatment
- Other services

Telehealth Visit Quick Start List

Choose platform for visits

- Security
- Practice considerations
- Patient considerations

Develop priority patient list

- Patient interest and ability
- Risk stratification

Conduct visit

- Engage patient
- Schedule visit
- Privacy concerns
- Technology

Document visit

- EHR processes
- Pertinent legal considerations

Bill/reimbursement for visit

- Medicare
- State Medicaid
- Commercial

Tools to Assist



Toolkits



Implementation guides



Affinity groups



Technical support



Join our telehealth affinity group!

Resources

How to Start Now

- Register for an affinity group – see link in chat.
- Quick Start Guide
<https://nrtrc.org/content/blog-post-files/Telehealth-Quick-Start-Guide.pdf>
- Technology Guides & Toolkits
<http://telehealthtechnology.org/>
- Coming soon from Mountain-Pacific
 - Checklists, Implementation Guides, Technical Support

Questions?



Next Learning Session

- Date: Thursday, May 21
- Time: 3:00 PM MDT
- Topic: Developing Empanelment and Risk Stratification: Building the Foundation for Population Health

Thank You!

**CONTACT US WITH ANY QUESTIONS,
COMMENTS OR SUGGESTIONS!**

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