Telehealth Update 2020

Jonathan Neufeld, PhD

October 21, 2020
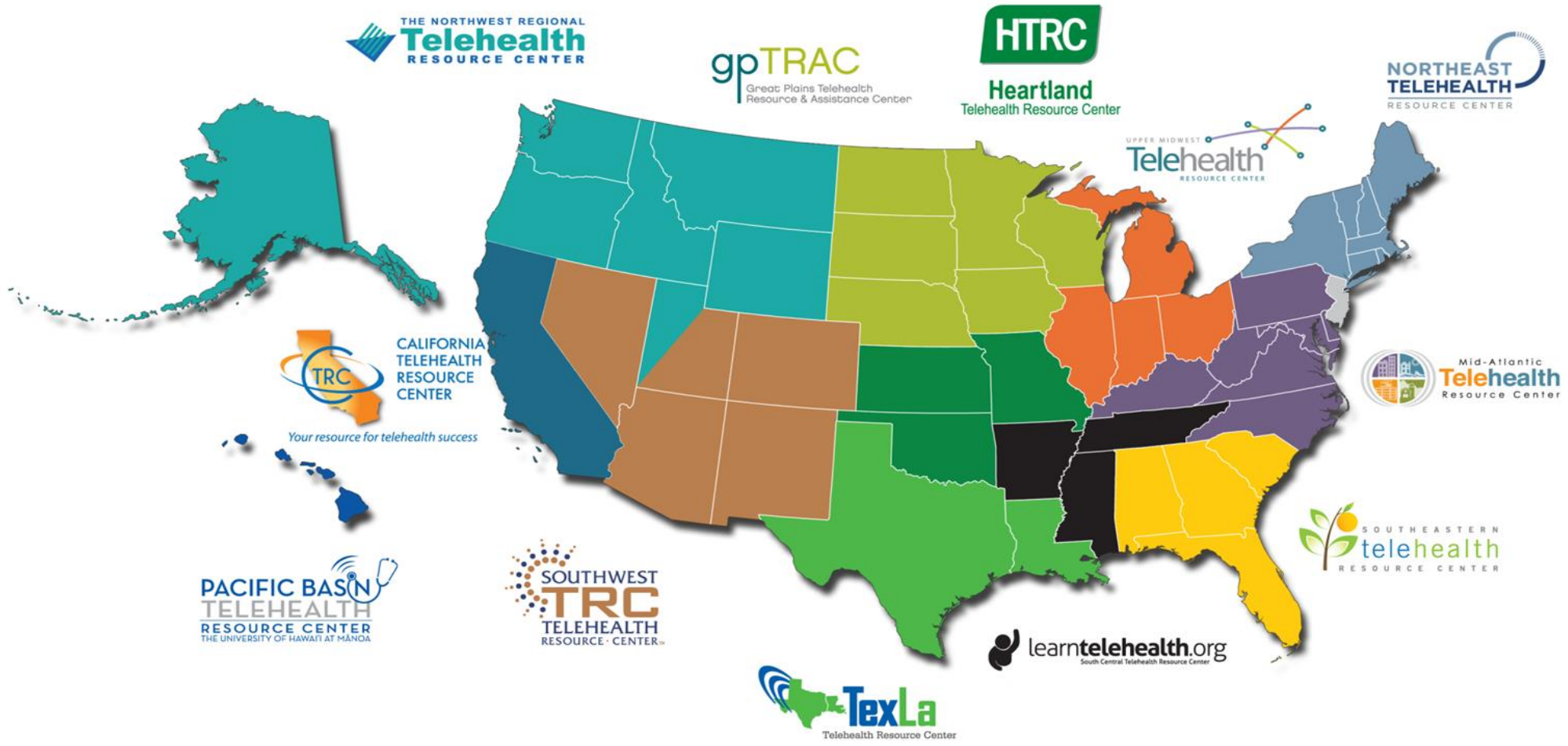
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OVERVIEW

- Intro to TRCs

- National telehealth experience to date

- Elements of a successful telehealth program

- An example workflow analysis

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TelehealthResourceCenters.org

2 National Resource Centers

12 Regional Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

3

We live in interesting times

Telehealth, defined here as the remote consultation between the clinician and the patient regardless of technology, is no longer an attractive niche option but now a necessity for delivering timely and safe healthcare. The ability to conduct a remote evaluation protects both patients and providers at a time when physical distancing is a priority, and both parties appreciate its availability, safety, and convenience.

AHRQ Issue Brief No. 20-0040-2-EF, August 2020

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Headline from Advisory Board
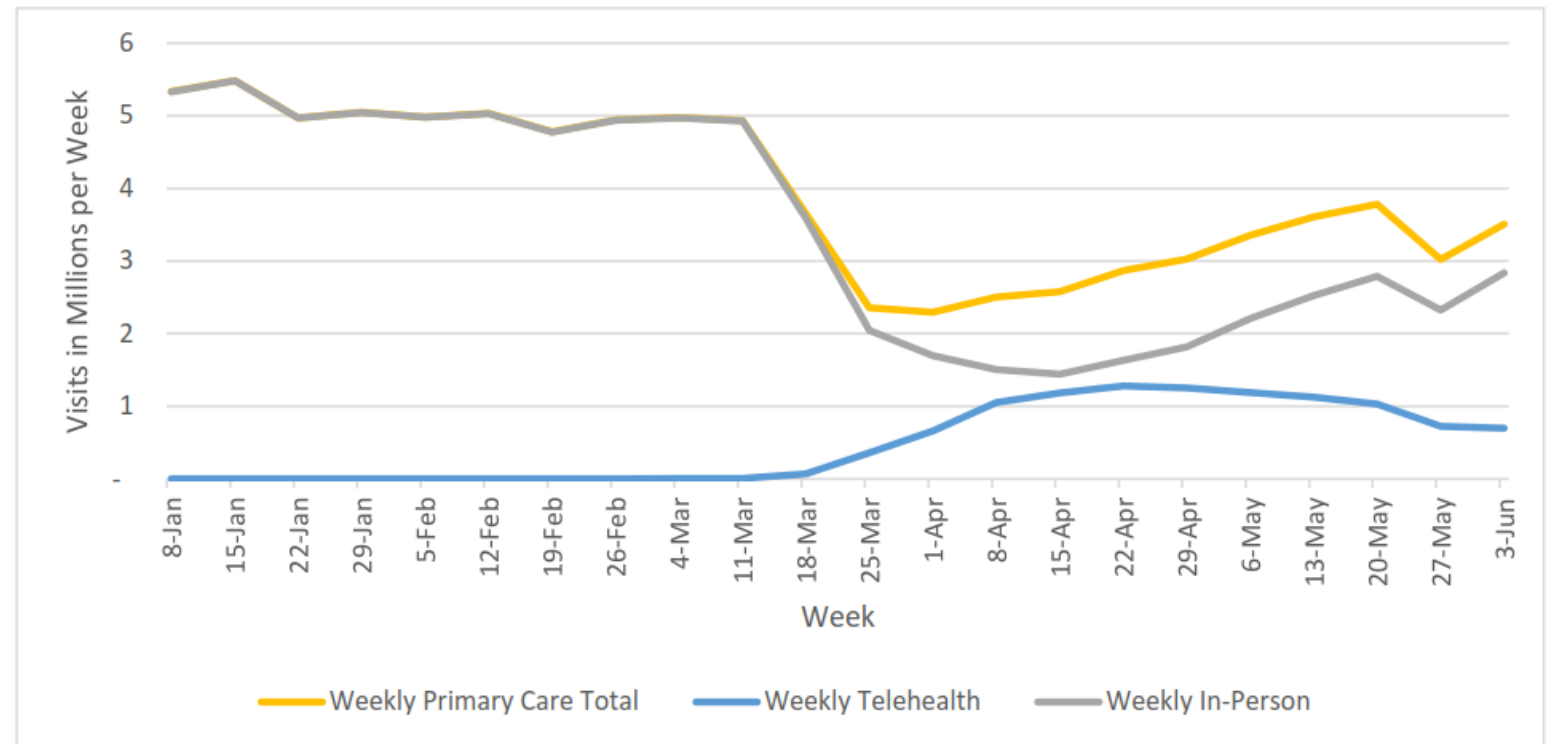
How Covid-19 will impact telehealth

The sudden pivot from "nice-to-have" to baseline expectation

June 4, 2020

Medicare Primary Care Visits

- Primary care visits plummeted in mid-March

- In-person visits bottomed out and telehealth visits peaked in April, then regressed

- Same pattern for <u>dual enrolled</u> and <u>high utilizers</u>

Figure 1. Primary Care Visits for FFS Medicare Beneficiaries (visits in millions per week)
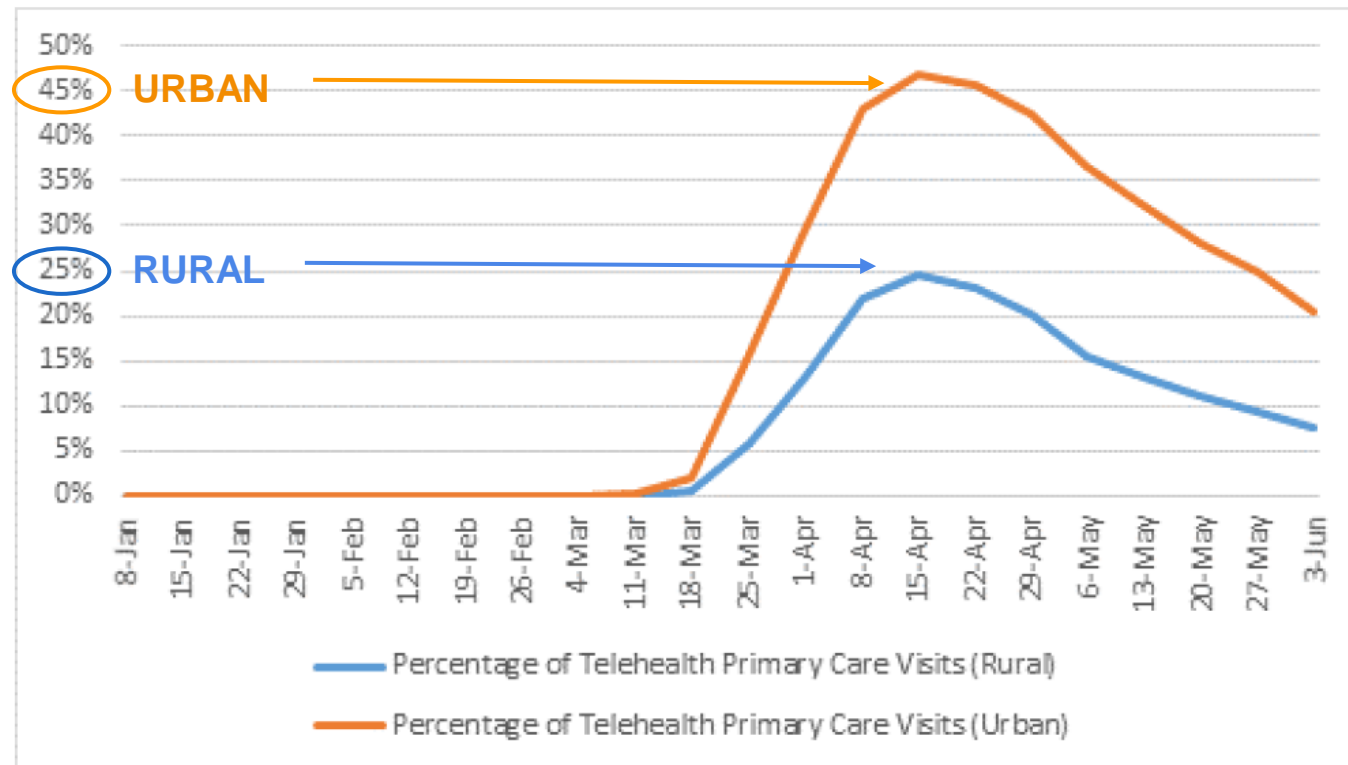

Source: Medicare claims data up to June 3rd, available as of June 16.

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Urban - Rural Comparison - Medicare PC Visits

- Percentage of visits via TH followed the same time pattern
- Urban TH was <u>twice as common</u> as rural (by percentage)

Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties


Source: Medicare claims data up to June 3rd, available as of June 16.

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Payer Differences - Biggest Bounce in Medicare

- Medicare decreased furthest, and recovered fastest

- Medicaid decrease was slower and shallower, and recovery has been slower

- Commercial payers in-between

Percent change in visits from baseline, by insurance type


Week starting
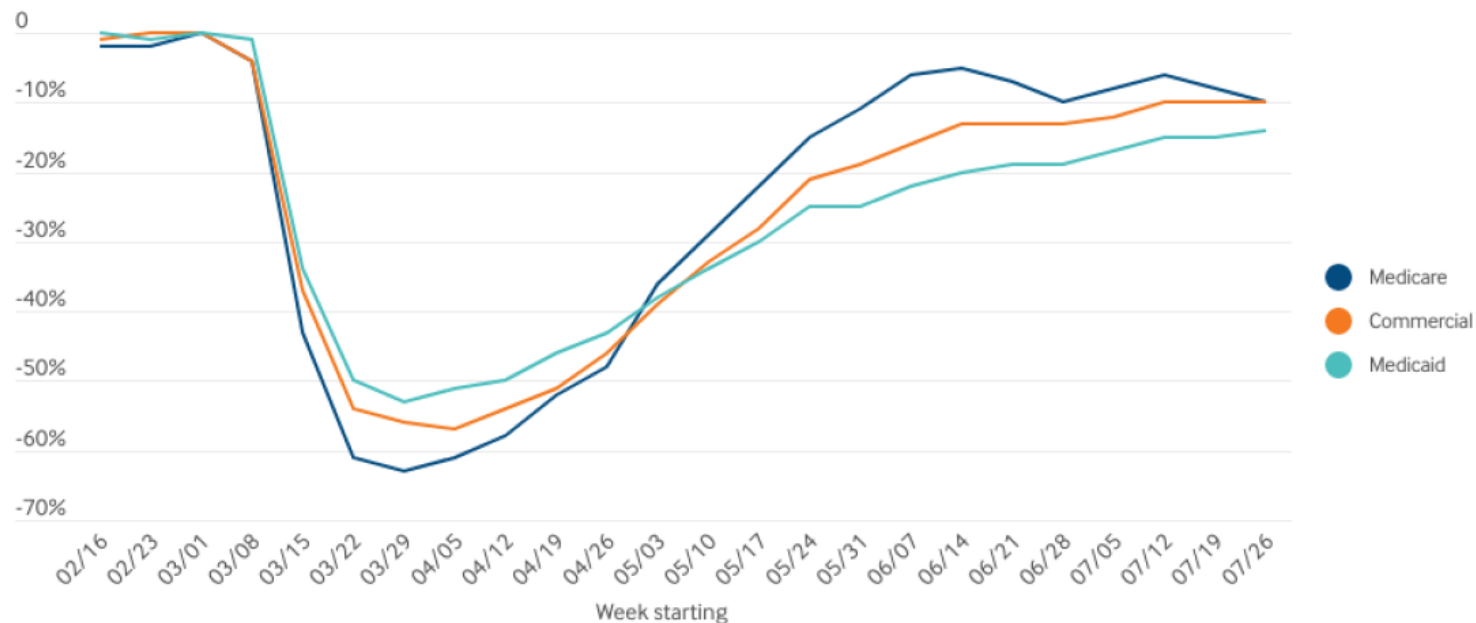
[↓] Download data

The percentages shown in parentheses represent the fraction of all visits at baseline among patients with insurance. Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7). Because type of insurance is observed at the time of a visit, some observed changes could be driven by patients losing their private insurance and becoming uninsured or by patients enrolling in Medicaid. Many children have Medicaid, and some of these changes could be driven not by insurance but rather by the differential impact of the pandemic on children versus adults (see graph below).

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Visits: Changing Patterns of Care in the Newest COVID-19 Hot Spots* (Commonwealth Fund, Aug. 2020). https://doi.org/10.26099/yaqe-q550

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Age Differences - Parents Are Keeping Kids Away

- Adult encounters have rebounded considerably

- Infant, child, and adolescent encounters are still significantly below normal

Percent change in visits from baseline, by age
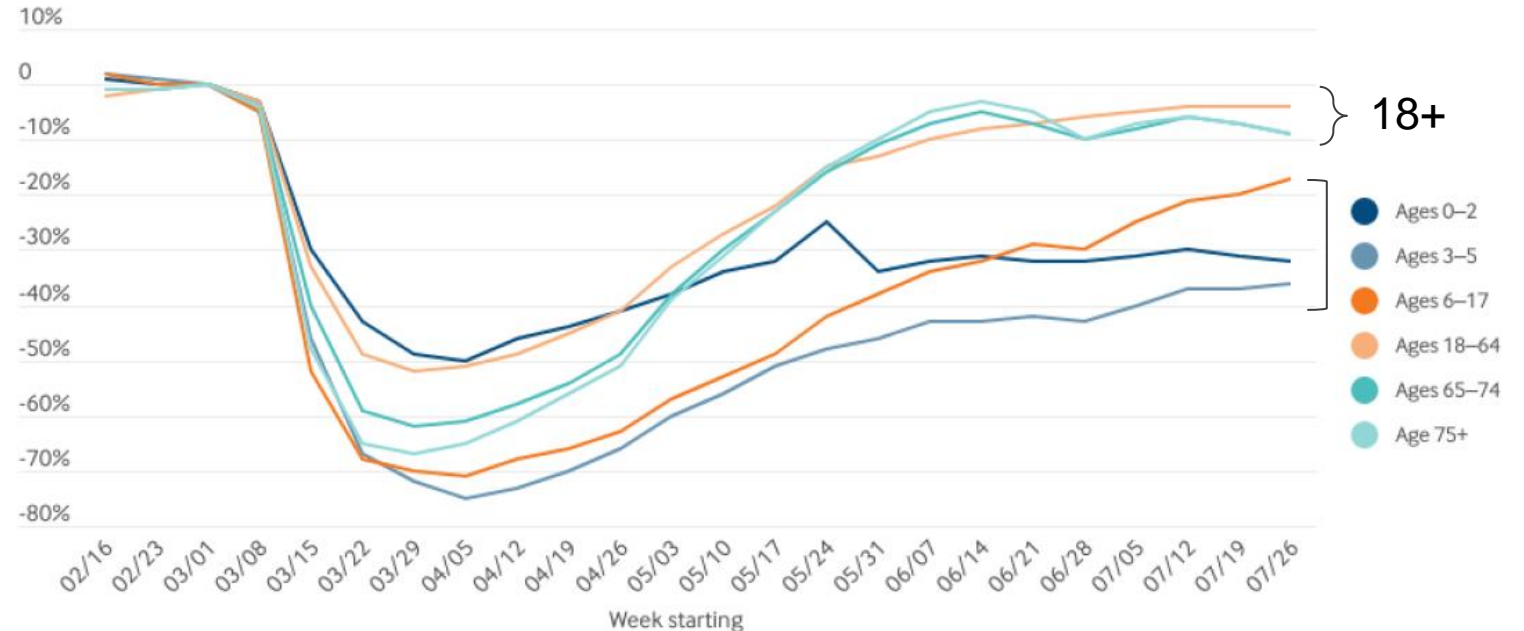
Week starting

⬇ Download data

Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7).

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Specialty Differences - Peds and Behavioral Health Lag

- Dermatology bounced hard

- Adult Primary Care is back to pre-COVID

- Behavioral Health adjusted rapidly, but is still significantly below normal

- Pediatrics remains low

Percent change in visits from baseline, by provider specialty

Legend:
- Dermatology
- Adult primary care
- Behavioral health
- Pediatrics

Week starting
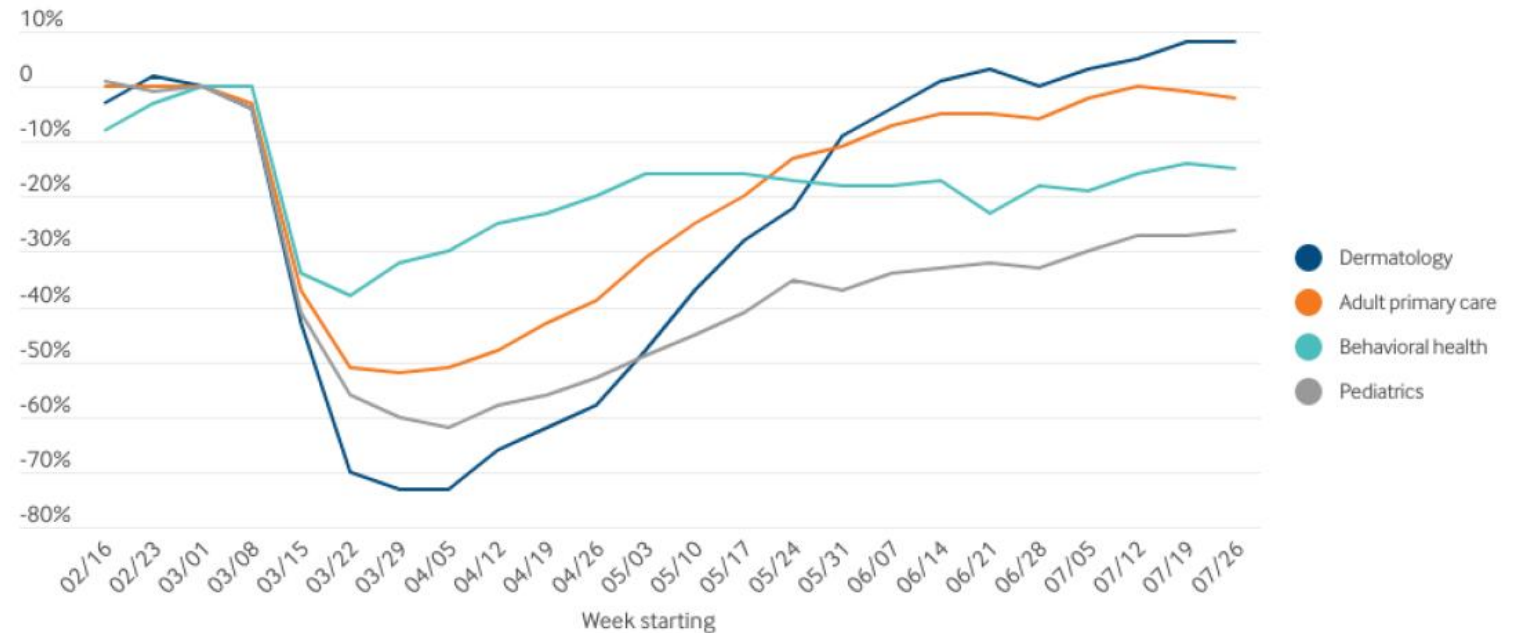
⬇ Download data

Data for only four specialty areas shown to illustrate the range of trajectories. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included. Behavioral health includes psychiatrists, psychologists, and social workers. Urgent care center visits are not included in adult primary care or pediatrics.

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Visits: Changing Patterns of Care in the Newest COVID-19 Hot Spots* (Commonwealth Fund, Aug. 2020). https://doi.org/10.26099/yaqe-q550

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FQHCs vs Others - Less Rebound

- FQHCs have recovered more slowly than other providers

Percent change in visits from baseline
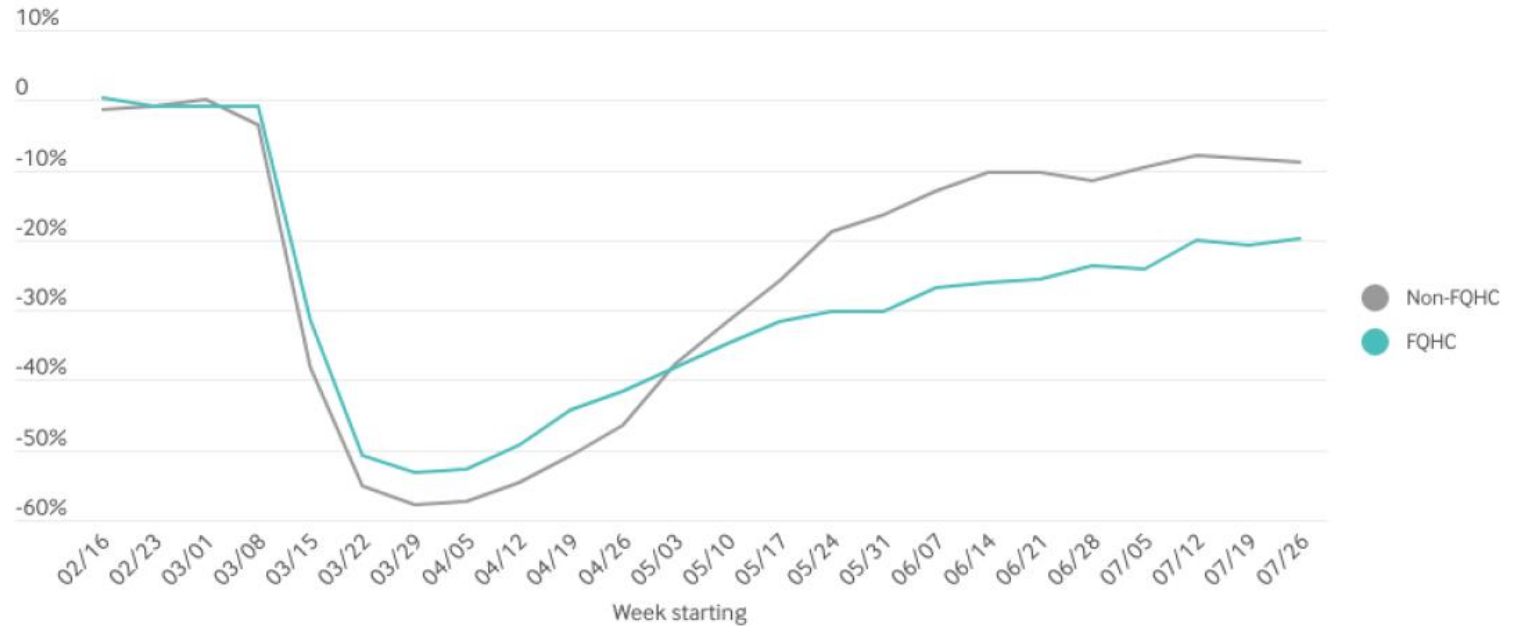
Non-FQHC
FQHC

Week starting

[↓] Download data

Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7).

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FQHCs vs Others - More Telemedicine

- FQHCs are doing more telehealth (by percentage) than other providers

  8% vs **20%**

For FQHCs (more than others), telehealth is part of the "new normal"

Fraction of all visits in a given week provided by telemedicine

○ FQHC
○ Non-FQHC

Week starting

⬇ Download data

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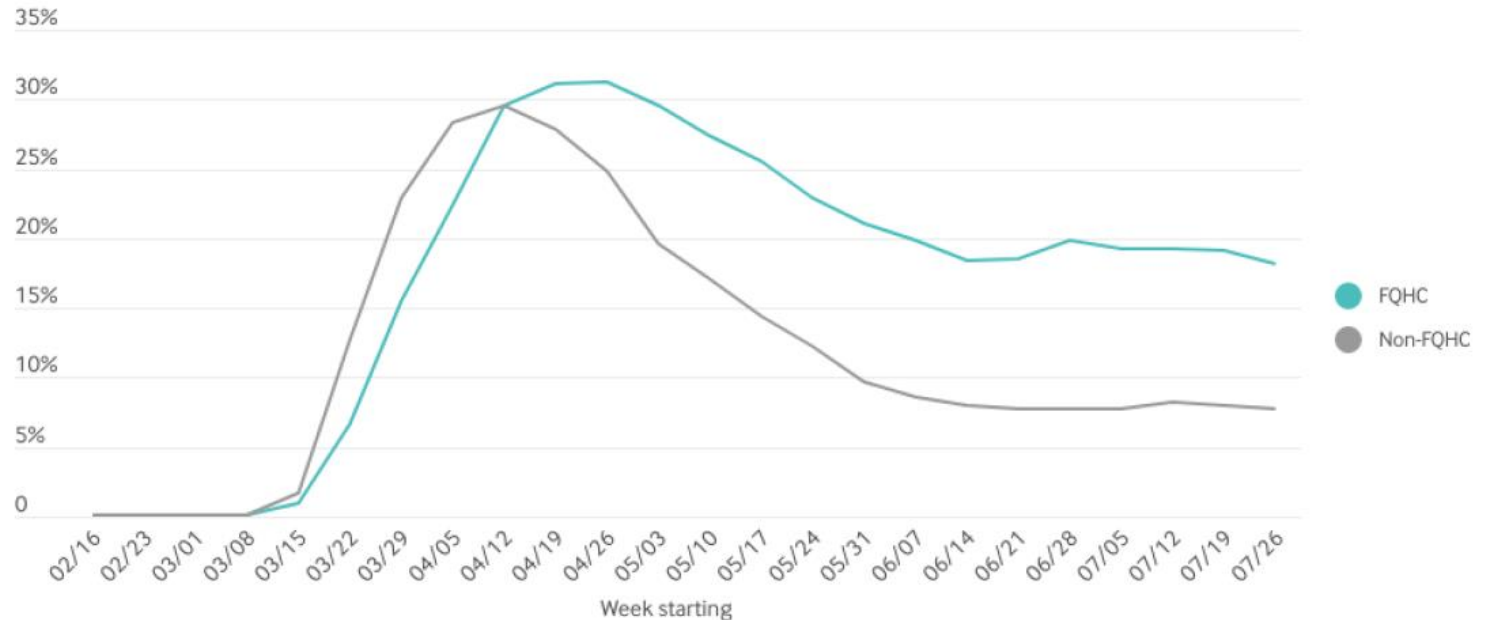
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The Realities of Telehealth Billing

1. **Telehealth <u>Reimbursement</u> Varies by Payer**

    a. Medicare, Medicaid (each state), Commercial (each plan)

2. **Telehealth <u>Billing Policies</u> Vary by Payer**

    a. There is no "right way" to bill for telehealth

    b. There are many ways, <u>one for each payer</u>

    c. Some payers mimic Medicare; others don't

    d. CHCs/RHCs almost always have a completely different method (by state)

    e. Every payer is changing/adapting to current situation

MEDICARE

Technology Enabled Services (FQHC/RHC)

*New for PHE

Telephone - G2025 + 95

- "Telephone E/M services"
- <u>Audio only</u>, providing Rx
- 5+ minutes
- *New or established pts
- *Consent may be obtained at the time of service

G2010/12 - "Virtual Check-in"

Portal - G0071

- "Online digital E/M Services" or "eVisits"
- Reviewing images and text messages, providing Rx
- 5+ minutes cumulative over 7 days
- *New or established pts
- *Consent may be obtained at the time of service

Video - G2025 + 95

- "Telehealth" (Medicare)
- Must be live video; *any video platform
- Any valid TH service
- *80+ CPT codes
- *From anywhere to anywhere (homes)
- *May waive co-pays

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Elements of a Successful Program

1. A multidisciplinary team is engaged

2. An iterative and structured learning process is used (Lean, PDSA, etc.)

3. The focus is on the long-term and sustainability

4. There is a coherent overall virtual strategy, including a "digital front door"

5. All staff are engaged and play important roles in workflows

6. Patient technical support needs are anticipated, evaluated, and addressed

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Workflow Analysis

1. Include everyone meaningfully involved (scheduling, rooming, support, etc.)

2. Include each person, and be sure each person is connected to the process

3. Pay attention to decision points (forks, branches) and handoffs

   a. Include all significant forks/branches

4. Call out separately any tasks done "daily" or "at the start of each clinic"

5. Include closing/ending/recycling instructions

Front Desk Staff

Visit is needed

Patient qualifies for a telehealth visit (video technology is available)

- Yes → Contact patient to confirm/set up a patient portal account
- No → Telehealth appointment is not scheduled (in-person)

Contact patient to confirm/set up a patient portal account → Schedule appointment in EMR (appt type: telehealth) → Document Zoom meeting ID in appointment notes → Send Zoom link to patient through portal

IT Assistance

Contact patient to assist with technology issues → Patient is able to connect

- No → Day of Patient Visit via TH (Patient connects)
- Yes
- No → End session

Provider

Day of Patient Visit via TH

Launch Zoom and patient visit → Patient connects at appropriate time, in "waiting room"

- Yes → Admit patient from the "waiting room" → Open Behavioral Health Visit in EMR → Provider loads Telemed forms to document requirement for telehealth visit → Complete forms with patient: consent, PROMIS, PHQ-9, GAD-7 (as appropriate for patient) → Document and complete visit
- No → Contact patient to assist with technology issues

Document and complete visit → Flag for follow-up appointment in EMR

- Yes → End Visit
- No → End Visit

Flag for follow-up appointment in EMR (Yes from Schedule appointment) → Complete the PRACTICE form (access to care)

Front Desk

Call Patient to conduct a Pre-visit to confirm connectivity and conduct test connection. Obtain consent form signature.

1 day prior, pre-visit is conducted and is successful

No → Provider is informed and appointment is not confirmed

Yes → Schedule visit in Zoom → Morning of appointment, send Zoom link to client in Secure Messaging

Translations Services Needed

No

Yes → Schedule with Interpretter

Trouble-shoot connection and reschedule as necessary

Interpreter

Connect to the appointment at scheduled time → Conduct translation services → Disconnect from appointment

Provider

Appointment is activated by the provider → Client joins the virtual room

No

Yes → Conduct client visit → Document and complete client visit → Schedule Follow-Up Visit

No → End Call

Yes → Schedule appointment with client

BH Visit is needed → Schedule appointment with client

All forms (except consent) are completed by provider in collaboration with the client according to the indicated schedule

Front Desk

- BH Visit is Needed
- Contact Patient to schedule telehealth appointment in Clinic
- Appointment is scheduled Y/N
  - No → No appointment → End
  - Yes → Inform IT Liaison of date, time, length of appt., pt. name, DOB, email address.
- Patient completes PRACTICE Forms through Portal, if available, or in-person. (Pt. Consent, PRACTICE access form, PROMIS, PHQ-9, GAD-7, Etc.)
- Schedule next visit

IT Site Liaison

- **At the beginning of each clinic day:** ensure that the telehealth cart is set up (computer is on, connected to the internet, logged in to Zoom)
- Schedule appt in Zoom under your email address
- Send Zoom invite to both provider (email)
- On day of visit, activate the telehealth room and logged in to Zoom
- Initiate the Zoom call and admit patient from the waiting room.
- Address connectivity/technology issue

Roomer/MA

- Escort Patient to the clinic telehealth room
- Confirm technology is working properly (test audio & video)
  - No
  - Yes → Inform Provider that patient is connected and in the waiting room.

Provider

- Open Patent Record in EMR
- Confirm grant forms are completed. Assist with completion if not.
- Move Patient from "waiting room" to the active telehealth room
- Conduct patient visit
- Document and complete patient visit
- Schedule Follow-up Visit
  - Yes
  - No
- End Call, do not close Zoom

Summary

1. COVID-19 and the pandemic has caused unprecedented changes to the healthcare system, and more are likely coming

2. Telehealth will be part of healthcare from now on (especially primary care and behavioral health)

3. A workflow analysis is a great way to better understand, evaluate, and communicate patient flow

4. TRCs are a great (free) resource!

Contact

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http://gptrac.org

http://telehealthresourcecenters.org

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Telehealth in the Time of COVID 19

Angela Diop, ND, CHCIO
VP of Information Systems
Unity Health Care

Unity Health Care – largest FQHC in DC

- Level 3 Patient Centered Medical Home - 100,000 patients

- Patient population vulnerable to COVID

- 89% of the patient population is African American/Black and 19.8% Hispanic/Latino

- 72.6% of patients have income at or below 100% of the federal poverty level

- 10.6% of patients are homeless

- Three of the health center's 27 health services sites are within D.C. correctional facilities

UNITY HEALTH CARE
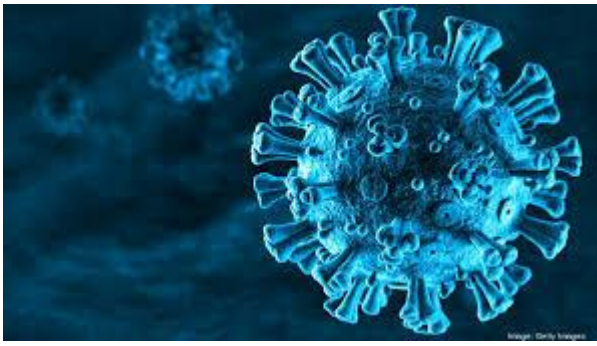
COVID -19 Pandemic Effect

- Mid-March 2020, patient visits dropped to 1/3 of normal levels
- Threat to management of non-urgent problems and chronic diseases
- Staffing shortages
- COVID emergency in Black and Brown Communities
  - In DC, highest death rate AA: 56% of pop, 47% of the cases, 78% of the deaths attributed to COVID-19.
  - Highest case rate in the LatinX community 1200/100K

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Telehealth in DC Prior to COVID19

- Unity had some experience with Telehealth from previous grants
- DC's telehealth regulations did not recognize a patient's home as an originating site
- Audio and video visits not reimbursed at the same rate as in-person visits
- Many patients with lack of access to devices and connectivity and limited tech literacy

UNITY HEALTH CARE

Break….

…through

The Medicaid Authority in D.C., in recognition of the need for enhanced access to care while maintaining social distancing, implemented an

- [Emergency rule recognizing the patient's home or location as a reimbursable telehealth (video and audio) originating site](#)
- The D.C. Medicaid parity law allowed for audio and video telehealth visits to be reimbursed at the same rate as in-person visits

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Increased Visits

Click to add text

- **Nearly zero telehealth visits to over 800 visits/day within a space of 30 days.**

- **At the peak, Unity saw nearly 1,000 patients a day virtually.**

- **Value for population health management and for patients who suffer from chronic disease.**

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Unity already had "done the work" for rapid deployment

- Clinic workflows and EHR customization was already for a telehealth environment

- Provider Preparation
  - Dedicated provider portal for preparing providers to conduct a telehealth visit
  - Direct emails
  - >12 hours of technical support for providers to help them with remote access of applications

- Mobilization of patient schedulers and support staff to contact patients to reschedule visit type

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HEALTH CARE

Patient Satisfaction

- 80% audio; 20% video-only technology

- Most patients pleased with the use of technology for their care (90/87% for in-person)

- Contrary to the suggested expectation that poor and minority patients might be suspicious of increased technology

	COVID 2020										Overall
	Week:										
	04/06 - 04/12	04/13 - 04/19	04/20 - 04/26	04/27 - 05/03	05/04 - 05/10	05/11 - 05/17	05/18 - 05/24	05/25 - 05/31	06/01 - 06/07	06/08 - 06/14	
[Telephone] Overall Quality of Care By Provider											
Replies	61	68	68	51	80	93	78	41	55	33	628
Mean	91.0	92.6	91.9	92.2	91.6	88.4	88.8	89.0	93.2	92.4	90.9
[Telephone] Ease of Connecting with Care Team											
Replies	61	69	69	52	80	93	78	40	55	33	630
Mean	86.9	84.8	86.2	83.2	86.6	84.4	85.3	80.6	86.8	90.2	85.4

	COVID 2020										Overall
	Week:										
	04/06 - 04/12	04/13 - 04/19	04/20 - 04/26	04/27 - 05/03	05/04 - 05/10	05/11 - 05/17	05/18 - 05/24	05/25 - 05/31	06/01 - 06/07	06/08 - 06/14	
[Telehealth Video] Overall Quality of Care By Provider											
Replies	13	19	23	13	11	12	21	11	9	9	141
Mean	96.2	94.7	93.5	100.0	95.5	89.6	91.7	97.7	100.0	97.2	95.0
[Telehealth Video] Ease of Connecting with Care Team											
Replies	14	19	23	13	11	12	21	12	9	9	143
Mean	82.1	88.2	88.0	90.4	90.9	79.2	83.3	91.7	86.1	88.9	86.7

Decreased No-Show Rate

- Telemedicine no-show rate significantly lower than face-to-face no-show rate

- Historic no-show rate of approximately 35%.

- Televisit no-show rate 10-18%

Top 5 Conditions Seen 4/1/20 - 6/30/20

- The most frequent reason people were seen was for COVID related conditions

- Patients were seen for chronic care such as hypertension, diabetes and asthma

Condition	Percent of patients
COVID -Related	10.4
Hypertension	8.2
Diabetes	4.5
Asthma	2.3
Hyperlipidemia	2.2

Quality of Care

- Patients rating of perceived quality of care.
- Patients perception of in person and televists were comparable
- Patients had a higher perception of quality of care for videovists

Speed of Connection to Care Team

- During televisits patients had less wait time and were connected to their care team more quickly.

[In-Person] Saw Care Team Within 15 Minutes of Appt. Time?
Percentage "Yes" Scores
Week-to-Week Comparison

Q: For this visit, were you able to see a member of the care team within 15 minutes of your scheduled appointment time?

[Telehealth Video] Connected w/ Care Team Within 15 Minutes of Appt. Time?
Percentage "Yes" Scores
Week-to-Week Comparison

Q: For this telehealth video encounter, were you able to connect with a member of the care team within 15 minutes of your scheduled appointment time?
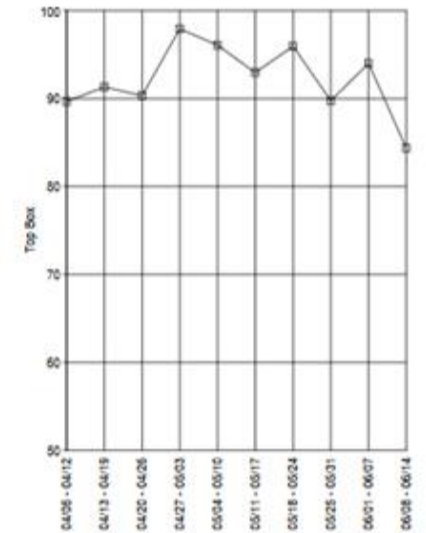
[Telephone] Connected w/ Care Team
Percentage
Week-to-

Q: For this phone encounter, were you within 15 minutes of your s
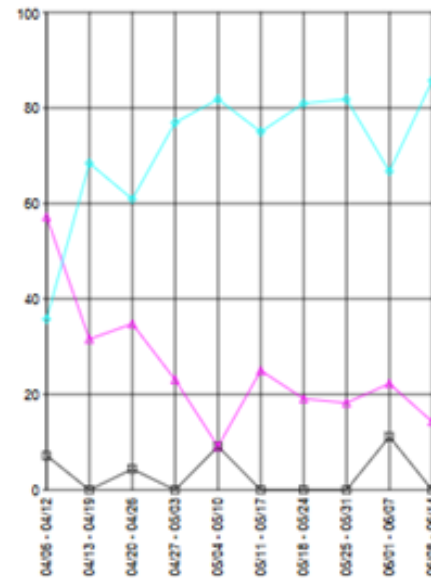
Technical Issues and Connection to Telehealth

- Less than 10% patients experienced technical issues with their televideo visits. However, slightly more were feeling not confident

- Over time, the amount of people experiencing technical issues decreased.

[Telehealth Video] Technical Issues/Delays Experienced?
Percentages
Week-to-Week Comparison

Q: When connecting to the telehealth video platform, did you experience any technical video connection issues or delays?
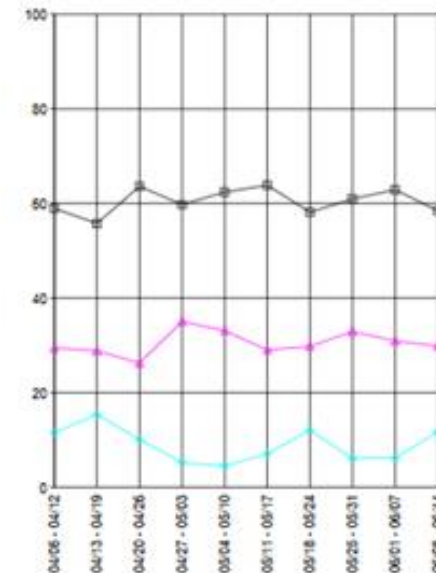
[Telehealth Video] Technical Issues/Delays Experienced?
Yes, very much — Yes, somewhat — No

Confidence in Connecting to Telemedicine Encounter
Percentages
Week-to-Week Comparison

Q: How confident are you in your ability to connect with your Unity Health Care provider from outside the health center using a telehealth internet video-based platform?

Confidence in Connecting to Telemedicine Encounter
Very Confident — Somewhat Confident — Not Confident

Next Steps: Enhancing Patient Access

- Enhance patient access
  - Continue to advocate that telehealth services be made available for patients beyond the emergency rule brought about by COVID-19.
  - Advocate for access to broadband in the city
  - Work with patients to remove barriers in order to increase the number of video visits by converting the audio visits.
  - Expand patient education materials
- Increase the use of home monitoring equipment for accurate data

Next Steps - Staff Training

Recreate the in-person visit experience as much as possilble through staff engagement

- Training staff to
  - assess patients' capacity to conduct video visits,
  - assist patients with connecting to a test visit prior to their scheduled appointment
  - troubleshooting any technology issues that may arise.
- Training MAs as telehealth visit facilitators
  - collect chief complaints and other clinical information from the patient
  - conduct screenings for depression and substance use
  - walk the patient through measuring vital signs if possible

Next Steps – New Visit Models

- Group visits for prenatal care and chronic conditions such as hypertension and diabetes
- Expand health specific education and screening
  - Customized COVID risk assessments - how to avoid viral exposure and know when testing is needed
  - Nutrition and weight management counseling
  - Mental health screening and tele-mental health

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Summary

- Before telehealth, the choices were limited to patients returning to the health center for care or foregoing services until a later date

- With vulnerable patient populations both options pose significant risks

- Telehealth has allowed Unity to continue to care for and connect with patients to keep them as safe and healthy as possible during COVID

Thanks

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